LOUISIANA FY 2010
BLOCK GRANT PLAN

Part C
STATE PLAN
Section III

PERFORMANCE GOALS AND ACTION PLANS TO IMPROVE THE SERVICE SYSTEM

CHILD/YOUTH PLAN

EMERGENCY RESPONSE

The State of Louisiana continues to recover from hurricanes that have changed the way that mental healthcare is delivered in the state. The state was obviously challenged by Hurricanes Katrina and Rita in 2005. Then after a short reprieve, the Louisiana gulf coast was hit again in September of 2008 by Hurricane Gustav. Gustav hit the region to the west of New Orleans, squarely targeting the metropolitan Baton Rouge area; including the Office of Mental Health administrative headquarters and the heart of the government for the entire state. Following on the heels of Gustav, Hurricane Ike impacted the area of the state previously affected by Hurricane Rita.

Hurricane preparedness, response and recovery have become a part of every healthcare provider's job description, and employees have learned that every disaster is different, often requiring new learning and flexibility. As an example, employees of OMH are now on standby alert status should a storm threaten the coast, and all employees are expected to be active during a crisis. All Louisiana families are encouraged to *"Get a Game Plan"* (http://getagameplan.org/) in order to be prepared for a hurricane, should one strike. Clinicians in mental health clinics have made a point of discussing disaster readiness with clients to ensure that they have needed medications and other necessities in the case of an evacuation or closed clinics.

Although 'Emergency Response' in the state has become somewhat synonymous with hurricane response, the lessons learned from the hurricanes apply to disaster response of any kind.

Louisiana Spirit Hurricane Recovery Crisis Counseling Program

Louisiana Spirit is a series of FEMA/SAMHSA service grants funded through the Federal Emergency Management Agency and administered through the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. The Louisiana Office of Mental Health was awarded a federal grant for the Crisis Counseling Assistance and Training Program (CCP) in Louisiana, which focuses on addressing post hurricane disaster mental health needs and other long term disaster recovery initiatives, in coordination with other state and local resources. Crisis Counseling Programs are an integral feature of every disaster recovery effort and Louisiana has used the CCP model following major disasters in the state since Hurricane Andrew in 1992.

The CCP is implemented as a supplemental assistance program available to the United States and its Territories, by the Federal Emergency Management Agency (FEMA). Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 1974 authorizes FEMA to fund mental health assistance and training activities in areas which have been presidentially declared a disaster.

These supplemental funds are available to State Mental Health Authorities through two grant mechanisms: (1) the Immediate Services Program (ISP) which provides funds for up to 60 days of services immediate following a disaster declaration; and (2) The Regular Services Program (RSP) that provides funds for up to nine months following a disaster declaration. Only a State or federally-recognized Indian tribe may apply for a crisis counseling grant.

In the fall of 2008, upon receiving the Presidential disaster declaration for Hurricane Gustav, OMH conducted a needs assessment to determine the level of distress being experienced by disaster survivors and determined that existing State and local resources could not meet these needs. Fifty-three parishes were declared disaster areas for Gustav; they were awarded in four separate declarations as the State appealed the decisions. Louisiana immediately applied for a Crisis Counseling grant for Gustav while in the process of phasing down the Katrina and Rita grants. The grant was awarded in late September of 2008.

Disaster mental health interventions include outreach and education for disaster survivors, their families, local government, rescuers, disaster service workers, business owners, religious groups and other special populations. CCPs are primarily geared toward assisting individuals in coping with the extraordinary distress caused by the disaster and connecting them to existing community resources.

The CCP does not provide long term, formal mental health services such as medications, office-based therapy, diagnostic and assessment services, psychiatric treatment, substance abuse treatment or case management; survivors are referred to other entities for these services. CCPs provide short-term interventions with individuals and groups experiencing psychological reactions to a major disaster and its aftermath. Community outreach is the primary method of delivering crisis counseling services and it consists primarily of face-to-face contact with survivors in their natural environments in order to provide disaster-related crisis counseling services Crisis counseling services include: Information/Education Dissemination, Psychological First Aid, Crisis/Trauma Counseling, Grief & Loss Counseling, Supportive Counseling, Resiliency Support, Psychosocial Education, and Community Level Education & Training.

The Louisiana Spirit Hurricane Recovery program is currently operating under the Gustav grant and employs a diverse workforce of up to 276 staff members. Approximately 200 of these positions provide direct outreach service in the communities. Under Gustav, there are currently seven service areas which roughly cover the same geographic areas as the Office of Mental Health's regions/districts. The majority of the staff consists of unclassified state employees. Management and oversight of the program is provided by a state-level executive team dedicated to the support of all operations of the project.

Louisiana Spirit is designed to facilitate integration with other recovery initiatives, rather than compete with them. Therefore, the Louisiana Spirit state-level organizational structure is designed to continuously be in contact with recovery initiatives throughout Louisiana and coordinate its activities with these other recovery operations. Under Hurricane Gustav, there are fewer resources available to assist with hurricane related needs than were available after Hurricane Katrina in 2005. Each service area continuously strives to keep up with changing community resources to share with survivors and other community entities. When long term recovery committees exist within a service area, Louisiana Spirit makes the needs of survivors known to the participating entities.

The goal of Louisiana Spirit is to deliver services to survivors who are diverse in age, ethnicity, and needs. Extensive ongoing evaluation of the program includes assessment of the services provided, the quality of the services provided, the extent of community engagement, and monitoring of the health and recovery of the entire population. The evaluation plan for Louisiana Spirit is multifaceted to reflect the ecological nature of the program seeking to promote recovery among individuals, communities, and the entire population of Louisiana. The assessment component of Louisiana Spirit hopes to answer the question of not only the absolute number of people served but how the services

are distributed across geographic areas, demographic groups, risk categories and time. To this end, each of the state-level administrative staff members is responsible for ensuring fidelity to the CCP model and expectations as directed by SAMHSA/ FEMA.

SAMHSA/ FEMA also requires CCPs to collect information to provide a narrative history-a record of program activities, accomplishments and expenditures. Louisiana Spirit collects data on a weekly basis from all providers which is analyzed by the Quality Assurance Analyst and also sent to SAMHSA for further analysis and comparison with data from all the other Immediate Services Program and Regular services Program Crisis Counseling Programs in the nation. The different service areas compile a narrative report to Louisiana Spirit headquarters on a bi-weekly basis. From Gustav's inception in September 2008 through June 14, 2008, a total of 293,842 face-to-face services have been provided. 62,233 of these were individual contacts lasting over 15 minutes, 191,299 of these were brief contacts lasting less than 15 minutes and 40,310 contacts were classified as participants in groups.

To help to monitor geographic dispersion/reach/engagement, the number of individual and group counseling encounters for a given week/month/quarter are tallied by zip code and displayed graphically as a check of whether communities are being reached in accord with the program plan and community composition. To monitor demographic dispersion/reach/engagement, the individual encounter data has been broken down by race, ethnicity and preferred language as one indicator of how well the program is reaching and engaging targeted populations.

Federal funding for the Louisiana Spirit Gustav program is scheduled to end January 12, 2010. Since hurricane related needs and community capacity to meet those needs are assessed on an on-going basis, the program will be phased out in stages based on need. The table below outlines more specifically the services provided with the Gustav program through May of 2009. Children and youth have been included in these services as noted below.

Louisiana Spirit - Hurricane Gustav Services
10/1/08 through 5/31/09

Summary of Services Provided to Child, Youth and Elderly Populations

10/1/08 to 5/31/09	**Individual (ICC)**	**Group Sessions**	**Group Participants**
Children and Youth	**895**	**267**	**2,252**
• (0 to 5 years)	• 134	• 21	• 324
• (6 to 11 years)	• 192	• 126	• 961
• (12 to 17 years)	• 569	• 120	• 967
Elderly (65+ years)	**6,757**	**107**	**1,942**

Child and Adolescent Response Team (CART)

Crisis services for children and youth are provided twenty-four hours a day, seven days a week. These crisis services are referred to as the CART (Child and Adolescent Response Team) Program and are available in all Regions/LGEs. There is a nomenclature difference in the Florida Parishes Human Service Authority, where these services are called Children's Crisis Services and in Jefferson Parishes Human Service Authority, where they are called the Children's Mobile Crisis Response Team. These crisis services are available to all children and their families, not just those eligible for mental health clinics and psychiatric hospitals. Services include telephone access at all times with additional crisis services and referrals, face-to-face screening and assessment, crisis respite in some

areas, and access to inpatient care. The infusion of Social Service Block Grant funds allowed for the expansion of respite care, crisis transportation, in-home crisis stabilization, and family preservation at various locations across the state.

CART services consist of CART Crisis System Screenings (100%); CART Clients Receiving Face to Face Assessments (75%); Clients staffed for Additional Services (e.g., in-home, out of home, intensive respite) (25%); and Hospitalized (10%). In the preceding calendar year, statewide implementation indicates that there were 4,143 (100%) crisis system screenings, and 1,251 (30%) resulted in face-to-face assessments, and only 137 (3%) resulted in the child or youth's psychiatric hospitalization.

After the maximum seven day period of CART crisis stabilization, youth and their families may still require further in-home intensive services. Intensive in-home services may be provided by Family Functional Therapy (FFT) and Family Preservation. Additional services available including psychological evaluations, after-school mentoring, CART staff for rural areas, and high acuity respite care.

Access Program

The Access Program is a new community-based counseling program that operates through the Department of Health and Hospitals, Office of Mental Health. The program was created during the review and evaluation of the state's mental health disaster response, post-Katrina; and was a direct response to the lingering mental health crisis. Funding for the program was allocated by the Governor's Office to build a more immediate response to citizens in need of emotional and behavior health services. Access team members provide emotional and behavioral health specialized crisis counseling services to citizens in crisis throughout the New Orleans metropolitan area; which includes Orleans, St. Bernard and Plaquemines parishes.

The goal of Access is to serve citizens (including children, youth and families) in the community, acting as a transition between the initial crisis and through the waiting period, prior to receiving assessment and treatment services for mental health related issues. The Access Program also has provided citizens with a swift support service response that often prevents emotional crises from escalating, while often negating the need for hospitalization. Access ultimately serves clients well and saves the state millions of tax payer dollars. Access accepts referrals from recovery organizations, community centers, public health clinics and the private sector.

The program uses a team approach, using dyads consisting of a master's level Crisis Counselor, specializing in social work or counseling, and a paraprofessional Resource Linkage Coordinator. Together these dyads provide immediate crisis intervention support and resource information; with a focus on empowering the client to regain control of their life, develop self-help skills to manage future crises, and avoid disruptive and costly hospitalization. All of the services provided by the Access team take place in the client's home or in a community-based location.

The Access teams provide individual & group counseling support services for persons in need who would not have easily had direct access to emotional and behavioral health services. Often these individuals and families are uninsured, underinsured, poor, homeless / at risk of becoming homeless, elderly, single and pregnant, adjudicated (youth & adults), substance abusers and/or wayward at-risk youth.

Access has established networks with homeless and domestic violence shelters/ missions, public health clinics, youth training centers, community centers, churches, residential facilities, juvenile justice programs, public schools, food banks and many other community support organizations, encountering approximately 25,000 individuals between December 2008 and June 2009.

HEALTH, MENTAL HEALTH, MENTAL HEALTH REHABILITATION SERVICES & CASE MANAGEMENT
FY 2010 – Child/Youth

Children and youth who have a serious emotional disturbance often have co-occurring chronic medical problems. Therefore, it is important to enhance a collaborative network of primary health care providers within the total system of care. The Office of Mental Health continues to develop and implement initiatives that target the holistic needs of children, youth, and their families. In addition, Louisiana's extensive system of public general hospitals provides medical care for many of the state's impoverished population, most of whom have historically had no primary care physician.

Children, and youth who are clients of state operated mental health clinics or Medicaid funded Mental Health Rehabilitation (MHR) Services benefit from a systematic health screening. Further, MHR providers for adults and children/ youth must assure through their assessment and service plan process that the whole health needs of their clients are being addressed in order to get authorization for the delivery of services through the Medicaid/OMH Behavioral Healthcare Unit. The OMH clinics work very closely with private health providers as well as those within the LSUHSC-HCSD.

Outpatient mental health services have historically been provided through a network of approximately 43 licensed community mental health clinics (CMHCs) and 26 outreach clinics, located throughout OMH geographic regions and LGEs. The CMHC facilities and outreach clinics provide an array of services including, but not limited to: screening and assessment; emergency crisis care; individual evaluation and treatment; medication administration and management; clinical casework services; specialized services for children and adolescents; and in some areas, specialized services for those in the criminal justice system.

The addition of social service block grant funds received following the 2005 hurricane season allowed for greater emphasis on child and adolescent services which resulted in the expansion of contract services throughout the state in association with the CMHC's; school-based mental health services, juvenile diversion programs, expanded crisis services, after school programs, mentoring programs and wraparound programs were instituted across the state.

The CMHCs serve as the single point of entry for child and adolescent state psychiatric hospital inpatient services. All CMHCs operate at least 8 a.m. - 4:30 p.m., five days a week, while many are open additional hours based on local need. The inpatient options for children and adolescents have included New Orleans Adolescent Hospital, Southeast Louisiana Hospital *(including the Developmental Neuropsychiatric Program)*, and Central Louisiana State Hospital. CMHCs provide additional services through contracts with private agencies for services such as Functional Family Therapy (FFT) type programs and case management. OMH is cognizant of the fact that some of these services are limited and not available statewide, and efforts to improve access are constantly being made.

The Mental Health Rehabilitation (MHR) program continues to provide services in the community to adults with serious mental illness and to youth with emotional and behavioral disorders. The MHR

program remained under the management of the Office of Mental Health through June 30th, 2009, but as of July 1, 2009, the oversight and management of the program was transferred to the Bureau of Health Services Financing (Medicaid) within DHH. All staff, equipment, materials, contracts, purchase orders, processes and personnel were transferred. Starting on that date, Medicaid began to provide all utilization management, prior authorization, training, monitoring, network, and member service activities. Consolidating the MHR program within the Medicaid Division will hopefully affect the delivery of services in a positive manner.

During the just-ended fiscal year, the MHR program continued to refine its operation, oversight and management activities to align itself with industry standard Administrative Service Organization functions, including Member Services, Quality Management, Network Services (Development and Management), Service Access and Authorization, as well as Administrative Support and Organization. Efforts to improve the Mental Health Rehabilitation optional Medicaid program continued through FY 2008 -2009. Collaborative relationships and projects with the Office for Community Services and the Office of Juvenile Justice resulted in a series of staff trainings and pilot projects across the state to increase access to medically necessary mental health services for eligible children served by those agencies. Additional policies and procedures governing the processes of certification and recertification were developed. The moratorium on new provider enrollment/certificates was lifted beginning August 2007, with new providers enrolling in March 2008. As of the date of this summary, 12 additional providers have enrolled, expanding the network of qualified providers to 68. The total number of recipients served has continued to increase accordingly, resulting in approximately 7,387 unduplicated recipients having been served during the fiscal year.

Additional program efforts and improvements included working with national and local experts in the development of best practices recommendations for the 3-5 year old population. MHR administration and leadership also began development of a comprehensive quality review tool for routine sampling of all providers and eventual publication of provider report card data. In addition, enhancements to the tools used to track provider status with regarded to certification, recertification, Program Integrity referrals, Attorney General referrals, outstanding deficiencies, plans of corrections, and accreditation status were developed and implemented. A provider training video was developed to increase provider competency and clinical skills knowledge base in Contingency Management for the youth population. This video series was made available to all providers free of charge. The MHR Website was significantly overhauled and equipped with enhanced distance learning capabilities, including the capacity to provide for pre- and post-testing in support of online training for the provider network.

Quarterly sessions with providers were continued both in person around the state and via telecommunication, and all authorized providers in the network remain accredited by JCAHO, CARF, or COA, a requirement of the program that began on March 31, 2006.

The tables below show pertinent facts about the MHR program through FY 2009, the final year that MHR will be housed in the Office of Mental Health.

Number Receiving Mental Health Rehabilitation Services

	FY 03-04	FY 04-05	FY 05-06	FY 06-07	FY 07-08	FY 08-09
Children: Medicaid Funded	3,961	5,080	4,886	4,201	4,539	5,205
Adults: Medicaid Funded	2,265	2,506	2,379	1,605	1,459	2,182
TOTAL	6,226	7,586	7,265	5,806	5,998	7,387

Mental Health Rehabilitation Providers

	FY 03-04	FY 04-05	FY 05-06	FY 06-07	FY 07-08	FY 08-09
Medicaid Mental Health Rehabilitation Agencies Active During FY	128	124	114	77	61	68

EMPLOYMENT SERVICES

FY 2010 – Child/Youth

Historically, there have been multiple initiatives centered around the employment of individuals with psychiatric disabilities. Some of these include the Louisiana Commission on the Employment of Mental Health Consumers and the Louisiana Plan for Access to Mental Health Care. Both initiatives developed recommendations for collaboration and programs intended to improve transition and employment outcomes for individuals with psychiatric disabilities. These groups convened a variety of stakeholders and collaborative partners to work on implementation of various goals related to the service spectrum for individuals with mental illness.

Louisiana Work Incentive Planning and Assistance (LAWIPA)

The Louisiana Work Incentive Planning and Assistance (LAWIPA) program helps Social Security beneficiaries work through issues relating to social security benefits and employment. The program is a coalition between the Advocacy Center of Louisiana and the LSU Health Sciences Center's Human Development Center. Many individuals with disabilities who receive SSDI and/ or SSI benefits want to work or increase their work activity. One barrier for these individuals is the fear of losing health care and other benefits if they work. Valuable work incentive programs can extend benefits, but are often poorly understood and underutilized. The LAWIPA coalition will educate clients and assist in overcoming work barriers, perceived or real; and will also focus on improved community partnerships. Benefit specialists, called Community Work Incentive Coordinators, provide services to all Louisiana SSDI and SSI beneficiaries age 14 and older who have disabilities. CMHC staff and clients are able to work with Coordinators to help navigate the various work related resources (as offered in conjunction with the Ticket to Work program), and identify on an individualized basis, the way their benefits will be impacted by going to work. The ultimate goal of the new WIPA coalition is to support the successful employment of beneficiaries with disabilities.

Through the Mental Health Rehabilitation (MHR) program, case management, and ACT-type programs, referrals are routinely made to assist youth and families of children to secure and maintain employment. Additionally, every Region / LGE has access to consumer care resources (flex-funds) that are frequently used to assist youth and family members in finding and maintaining employment.

Multisystemic Therapy (MST)

Multisystemic Therapy (MST) is being integrated into the state system of care, having been approved as a Medicaid reimbursable service. Though this program does not directly provide employment services, it could support such services on an individualized basis if obtaining or maintaining a job was determined to be an important component of the client's recovery or rehabilitation. At that point, the therapist could work with the client on those social skills as well as family and environmental barriers preventing a client from getting or maintaining a job.

Workforce Investment Board Youth Council

In the Metropolitan Human Services District (MHSD), the Workforce Investment Board Youth Council is sponsored by the Office of the Mayor of New Orleans. This group develops services for the city's youth to prepare, enter, and succeed in the world of work; training and support are provided to youth and employers. The Metropolitan Human Services District has contracts and programs that assist adults, young adults, and families in their efforts to enter the job market and to stay employed. Referrals originate from many sources, including: community mental health clinics, mental health rehabilitation programs, and case management agencies. Additionally, the Interagency Services Coordination Program (ISC) for children, the Inter-Disciplinary Staffings (IDS) for adults, and Act 378 programs also assist the persons with SMI/EBD in securing and maintaining employment.

Act 378

Act 378 funds are used on the child / adolescent side to assist families in emergency situations and to help with transportation that allows family members to find and maintain jobs. Additionally, services are offered through the Early Childhood Supports and Services program (ECSS - located in CAHSD, MHSD, FPHSA as well as Regions 3, 4, 7, and 8) and Louisiana Youth Enhancement Services (LaYES - located in MHSD). Through these programs, links are made to a variety of resources, including employment assistance, emergency funds, respite services, and other services that enable youth and families to access jobs. Adolescents in school-based health clinics have access to clinical social workers who assist students with job-related skills, such as social skills, safety practices in the work place, and a broad range of issues related to behavioral, emotional, and mental health that are fundamental to adolescent development and readiness to work skills. These issues are of particular importance at high schools that focus on vocational/technical training.

Examples of Regional Employment Services for Youth

MHSD is a Work Experience (WE) Program site for JOB 1, a program of Goodwill Industries of Southeastern Louisiana, Inc. and part of the Mayor of New Orleans' Economic Development Team. WE provides on-the-job training for persons with limited or no previous work experience in an effort to help them develop basic work readiness skills, as a part of their effort to find permanent employment. The Capital Area Human Services District (CAHSD) partners with Instructional Resource Centers and Transition Core Teams in local school systems to provide services to youth, especially as they transition from educational to vocational systems. Through efforts including planning meetings, transition fairs, interagency service coordination and family support coordination, CAHSD provides services for transition-aged clients with developmental disabilities, mental health disorders, and/or addictive disorders. Individuals that become clients of CAHSD mental health services are eligible for services from the La HIRE program that provides team building and intensive

employment support. Services include case management, job finding, and other supportive services necessary to help consumers find and maintain employment. Louisiana Rehabilitation Services serves ages 16-21 with Job Placement Services. The Transitional Core Team serves ages 16-21 with the Job Fair and Placement Services. LSU Youth Employment serves ages 16-21 with on campus employment. In January 2009, CAHSD filled its Employment Coordinator position and developed a new District-wide Employment Program to meet the employment needs of transition age youth and adults with emotional disorders/behavioral disorders, severe mental illnesses, addictive disorders, developmental disabilities, and co-occurring disorders, particularly those who are not served by the LAHIRE program. Region III serves ages 16-18 through Career Solutions: The Work Connection by assisting youth who are looking for job placement and career enchantment. In Region IV, Louisiana Rehabilitation Services assist individuals with disabilities to obtain job training or education. The National Guard Youth Challenge Program (ages 16 - 18) assists high school dropouts to obtain job training and a GED. The Lafayette Parish School System / Options Program assist high school students to obtain a certificate in a vocation when a high school diploma will not be obtained.

Region V refers transitional age youth to Transition Workshops for training on adult issues, resume building, and networking. Calcasieu Parish Schools Job for Americas also offers a program in Region V to help high school students with job training mentoring and job placement. Louisiana Rehabilitation Services (LRS) has a transitional age program to assist with job readiness and placement for individuals 17 years of age and older who are graduating from high school. Families Helping Families hold transition fairs and offers resources from area agencies to youth in grades 11 and 12. In Region VII, Special Education Transition Team helps special education students connect with vocational services, trainings, and sheltered workshops. In FPHSA, The Youth Career Development Project is funded by a grant from the US Department of Labor to teach construction skills to youth between the ages of 16 and 24 with little or no work history. Additionally, the public school system in this area offers various on-the-job trainings to students in special education classes. These trainings are provided by local businesses. In JPHSA the Adolescent Job Shadowing/Apprentice Program serves youth between the ages of 14 and 20. This program offers job readiness curriculum support as well as stipend exposure to the workforce with the assistance of a mentor.

The overall goal of OMH employment initiatives is to create a system within the Office of Mental Health that will encourage and facilitate consumers of mental health services to become employed, thereby achieving greater self-determination and a higher quality of life, while helping consumers transition from being dependent on taxpayer supported programs; to being independent, taxpaying citizens contributing to the economic growth of our state and society. The national economy has made this goal an extremely challenging one at best. Nationwide, a suffering economy can have a spiraling effect as workers are laid off and the need for public assistance increases. However, when resources are not available, the solution-focused alternative is to assist clients in obtaining and maintaining employment through help with resume-writing, job searching, and interviewing skills.

HOUSING SERVICES
FY 2010 – Child/Youth

While there are by some measures a limited number of available alternative housing resources for children and adolescents with an emotional or behavioral disorder, the philosophy of the Office of Mental Health has been to preserve the family system in their natural setting while delivering appropriate and effective mental health services consistent with Criteria 2 and 5 of the *President's New Freedom Commission Report*,. In keeping with that philosophy, the housing efforts of the Office have been directed toward resources that will impact families rather than separating children into segregated housing. Overall, the movement in housing nationally has been away from segregated congregate living and toward permanent supportive housing, providing supportive services to individuals and families in the housing of their choice. While Louisiana has traditionally supported the congregate housing model, this direction is in the process of change toward the permanent supportive housing model.

The housing development efforts for the homeless carried out by the Region and LGE Housing Coordinators have been largely through their involvement with the local continuums of care for the homeless also known as Homeless Coalitions. These coalitions develop a variety of housing programs that can be both transitional and permanent in length of stay. The type of programs they develop is determined by the assessment of local needs; this assessment is performed locally through the coalitions. The programs developed can serve both individual adults as well as families, many of which will have children and youth with an emotional or behavioral disorder. Families experiencing homelessness often have a multiplicity of events impacting their lives. There are programs that are directed specifically toward homeless youth and transitional age individuals. Programs that target the prevention of family homelessness will obviously also benefit children and youth with an emotional or behavioral disorder.

Mental Health Rehabilitation (MHR), ACT, FFT, and case management programs are very involved in assisting families with opportunities to secure and maintain adequate housing. OMH has a strong commitment to keeping families together and consequently has previously withstood pressure to fund large residential treatment centers. Instead, effort and dollars have been put into Family Support Services throughout the state. The state chapter of the Federation of Families has developed both respite and mentoring models which are used extensively by Louisiana families. The Consumer Care Resources provide highly individualized services that assist families in their housing needs. The State also has numerous HUD housing programs, many of which serve families with children and youth.

In an effort to support families who have children with EBD in the home, the services of CART (Child and Adolescent Response Team) are available. CART is a child-centered, family-focused, strengths based model that engages families as partners to resolve a crisis in the family with community based treatment and access to resources in the community. Once CART's intervention is complete (lasting no longer than seven days) and stabilization has occurred, the family has an understanding of what caused the original crisis, and how to prevent any future crises. If further family stabilization services are needed, the family is referred to an agency for a longer period of intense in-home services.

In the event that a child or youth requires alternative living arrangements, the State contracts with numerous group homes for children and adolescents as well as Emergency Shelters. There are also transitional living programs that will accept emancipated seventeen-year-olds. Various contractual

programs include therapeutic foster care arrangements with the Office of Community Services (OCS) and the Office of Youth Development (OYD) to serve OMH clients, respite care for hospital diversion, as well as recreational and psychological respite.

Although recovery efforts are underway, the state is still struggling to replace housing resources for people with disabilities lost in the hurricanes of 2005 & 2008. The disasters displaced unprecedented numbers of people with disabilities and caused physical and economic devastation. This devastation exacerbated an already critical shortage of affordable housing for people with disabilities. OMH, in partnership with other offices in DHH and advocates for people with disabilities and people who are homeless, has been actively pursuing the inclusion of people with disabilities in all affordable housing development. The efforts resulted in a Permanent Supportive Housing (PSH) Initiative which successfully gained a set aside of 5% of all units developed with Low Income Housing Tax Credits, as well as other affordable housing development avenues, to go to low income people with special needs. Recently Congress appropriated funds for 3,000 rental subsidies that are dedicated to the PSH program. This will enable the initiative to serve all of the 3,000 households that have pledged to serve. Included in the population targeted in this effort are households with a member who has a disability and youth aging out of foster care. The use of the term "households" opens the eligibility to families with a child that has a significant disability. Persons who are homeless are also part of the target population and have a set aside of a minimum of 1/3 of the 3,000 units developed. As a result, homeless, disabled youth are prominently represented in the group of potential recipients of this initiative. The Permanent Supportive Housing to be developed through this initiative is a best practice in housing. As such, it is consistent with Goal 5 of the *President's New Freedom Commission Report*. Since it offers housing of the consumer's choice rather than in a defined or congregate residential setting, it is consistent with Goal 2 of the *New Freedom Commission Report* both in its influence on the development of housing that is affordable and adequate but also in that it offers the greatest amount of consumer choice. These features are also consistent with the goals of the DHH Real Choice System Transformation grant as well as the emerging mental health system transformation plans.

There is much activity around assisting individuals with SMI to obtain and maintain appropriate housing. Many successful programs to assist individuals with housing needs are operating in each Region and LGE as can be seen in the table below:

Housing Assistance Programs by Region/ Local Governing Entity (LGE) FY 2009

Region/ LGE	# of Programs	# Referred Unduplicated	# Placed Unduplicated
MHSD	Not available	Not available	Not available
CAHSD	8 programs	141	90
Region III	9 programs	617	161
Region IV	5 programs	Unknown	176
Region V	10 programs	450	195
Region VI	8 programs	292	78
Region VII	7 programs	89	123
Region VIII	6 programs	75	45
FPHSA	5 programs	Unknown	unknown
JPHSA	10 programs	981	699

NOTE: Please see *Criterion 4: Homeless Outreach* in this application, where many related issues, programs, and initiatives related to housing are discussed.

EDUCATIONAL SERVICES
FY 2010 – Child/Youth

Please refer to Criterion 3: Children's Services, Educational Services, including services provided under IDEA for this information.

SERVICES FOR PERSONS WITH CO-OCCURRING DISORDERS (SUBSTANCE ABUSE / MENTAL HEALTH) AND OTHER SUBSTANCE ABUSE SERVICES
FY 2010 – Child/Youth

The Office for Addictive Disorders (OAD), a sister agency to OMH has traditionally offered treatment services to both adults and child /youth OMH consumers. As described earlier in this document, 2009 legislation creates the Office of Behavioral Health, combining the functions of the Office of Mental Health and the Office for Addictive Disorders. In some parts of the state OMH and OAD already jointly deliver services to people with co-occurring mental and substance disorders. Co-occurring treatment ensures that emphasis is placed on early mental health screening, assessment and referral to services, and eliminating disparities in mental health services as noted in *The President's New Freedom Commission Report* Goals #3 and #4.

OMH has continued over the years to partner with the Office of Addictive Disorders for implementation of the Louisiana Integrated Treatment Model (LITS). The initiative as funded through the SAMHSA supported Co-occurring State Incentive Grants was in its conception designed to target the adult population with co-occurring mental health and substance use disorders. However, the Behavioral Health Taskforce (the LITS executive leadership committee) had later identified co-occurring disorders in children and youth as a long-term priority. The integrated treatment model adopted by the Taskforce takes a system-level or program organization approach and most activities are targeted to infrastructure development that applies to both adult and child/youth service systems. The recent creation of the Office of Behavioral Health will aid in this treatment model becoming the norm.

The infrastructure issues that impact adult and child/youth services being addressed include funding, licensure, screening and assessment processes, formularies, information sharing, and staff credentialing. At the service delivery level, staff members who serve children and youth were included in the two statewide training initiatives. Programmatic changes that occurred in terms of staffing patterns, the provision of integrated treatment staffing, and milieu improvement were also changes that impacted child as well as adult systems of care.

The Louisiana Integrated Treatment Services (LITS) model is organized around nine Core Principles *(please refer to the Adult Section on Services for Persons with Co-Occurring Disorders [Substance Abuse / Mental Health] and Other Substance Abuse Services)* and includes ten service domains which are provided throughout four Treatment and Recovery Phases. Conceptually, the locus of care is determined through a severity grid; however a person will receive integrated treatment regardless of whether they present at OMH or OAD. In 2004, Louisiana was chosen by SAMHSA as one of 10 states to participate in the first National Policy Academy on Co-Occurring Mental and Substance Abuse Disorders. At the Academy, the Louisiana Team used the current LITS grant as a foundation, but broadened the scope of work to include children and youth, as well as partnerships with primary care. The outcome of the Academy was the draft of an action plan that has been used to help guide

the initiative. Included in the action plan is the expectation that Louisiana citizens will be provided with an integrated system of healthcare that encompasses all people, including individuals with co-occurring mental and addictive disorders *regardless of age*, who will easily access the full range of services, in order to promote and support their sustained resilience and recovery.

Implementation of services for children and youth with co-occurring disorders include:

- Establishment of a workgroup to develop long-range plans for serving children with co-occurring disorders.
- Screening of children of parents who are seen in a co-occurring program to be implemented with a New Orleans' Drug Court Program (pilot program).
- Screening of parents seen in the Early Childhood Services and Supports Program for co-occurring disorders.
- The continuation of Louisiana Youth Enhanced Services (LA-Y.E.S.) as a system of care initiative has been instrumental in coordinating a variety of agencies including mental health and addictive disorders services into the community array to support co-occurring disorders in children.

The following is a list of relevant updates (2008 and 2009) to COSIG:

- In the 2009 legislative session, legislation was promulgated to integrate the Office of Mental Health with the Office of Addictive Disorders, creating an integrated Office of Behavioral Health. Although the details have not yet been designed, COSIG and the LITS implementation will continue to provide much of the structure and necessary guidance to support this significant department-wide initiative.
- Most recently, each of the 10 local Regions/Districts have undergone the follow-up DDCAT/DDCMHT assessments in order to measure the successful implementation of their LITS strategic plans. Results have also revealed areas of continuing need and future areas for co-occurring informed program development. Many of the local regions have continued to operate and maintain their LITS committees in order retain their focus on the continuing need to develop co-occurring informed care and to assist with future integration of OAD and OMH.
- Results of the follow-up DDCAT/ DDCMHT confirmed that overall the state showed forward movement in reaching the goal of having all clinics reach the Co-occurring Capable status. Over 50% of the programs reached the status of Co-occurring Capability. Several of the programs, especially those associated with locally governed districts, had adopted a fully integrated model and were well on the way to attaining the Co-occurring Enhanced status, which reaches beyond the Co-occurring Capable status.
- The joint relationship of OAD and OMH have continued and been strengthened under the initiative to integrated the two offices. Both OAD and OMH have continued to purchase and share the learning management system that supports and develops the library system and resources for behavioral health needs and co-occurring care.

The Louisiana Department of Health and Hospitals and the American College of Obstetricians and Gynecologists – Louisiana Section has a relatively new program designed to address poor birth outcomes in Louisiana. The Screening, Brief Intervention, Referral, and Treatment (SBIRT) program is designed to reduce the use of alcohol, tobacco and illicit drug use during pregnancy. The program also screens and provides appropriate referral for domestic violence and depression in pregnancy. In addition to DHH and the American College of Obstetricians and Gynecologists, other project collaborators include DHH's Maternal and Child Health Program, DHH's Office for Addictive Disorders, DHH's Office of Mental Health, the March of Dimes and the Louisiana Public Health Institute.

The Office of Addictive Disorders (OAD) offers treatment services through fifteen inpatient/residential facilities; five social detoxification, two medical detoxification, and four medically supported facilities; seventeen community-based facilities (halfway and three-quarter houses); and sixty-eight outpatient clinics. Current and future efforts have a focus on increasing the continuity of care within the newly legislated Office of Behavioral Health and internally enhancing services within all facilities.

The following are treatment facilities that specifically serve youth:

- The Springs of Recovery Inpatient Treatment Center provides a total of 54 adolescent (38 male and 16 female) residential inpatient treatment beds, 30 intensive treatment and 8 transitional beds for adolescent males, 16 intensive treatment adolescent beds for females. Forty-seven of the beds are Federal Block Grant funded and seven are funded by OAD's Access to Recovery Grant. Clients who complete the 45-60 day intensive treatment program may continue in the transitional program for 45 days to six months.
- The Inpatient Treatment - Gateway Adolescent Treatment Center - Cenla Chemical Dependency Council, Inc. provides 26 beds for adolescents aged 12-17 (20 male and 6 female) funded by Federal Block Grant with inpatient chemical dependency treatment program.
- The Cavanaugh Center in Bossier City is an inpatient, licensed, 24 bed (allocated to males and females as needed) adolescent primary treatment unit. All beds are Federal Block Grant funded. The facility provides structured, supervised, adolescent (ages 12-17) inpatient treatment. Cavanaugh Center's halfway house provides 20 beds funded by FBG (allocated to males and females as needed).

Other examples of services provided to youth with substance abuse include:
CAHSD has twenty-two substance abuse prevention contracts that include services for adolescents.

OAD's Access to Recovery (ATR) electronic voucher program provided clients with freedom of choice for clinical treatment services and recovery support. Louisiana's ATR funds served all eligible citizens with special emphasis upon women, women with dependent children and adolescents.

The following projects serve pregnant women and women with dependent children ages 0-12:

- CENLA Chemical Dependency Council, Halfway House Services to Women and their Dependent Children
- Louisiana Health and Rehabilitation Options, Residential Treatment to Women with Dependent Children
- Odyssey House of Louisiana, Inc. - High Risk Pregnancy - The Family Center, Residential Treatment to Women and their Dependent Children as well as Pregnant Women
- Grace House of New Orleans, Residential and Halfway House
- Family House in Jefferson Parish
- Family Success Institute in Region VII, Shreveport
- Claire House in Morgan City - St. Mary Parish

MEDICAL AND DENTAL HEALTH SERVICES
FY 2010 – Child/Youth

The Office of Mental Health attempts to offer a comprehensive array of medical, psychiatric, and dental services to its clients. As noted in the *President's New Freedom Commission Report* Goal #1, mental health is essential to overall health, and as such, a holistic approach to treating the individual is critical in a recovery and resiliency environment.

Acute inpatient units are provided primarily in Louisiana Health Sciences Center-Health Care Services Division (LSUHSC-HCSD) and LSU-Shreveport public general hospitals. The location of these units within or in the vicinity of general medical hospitals allows clients access to complete medical services. Intermediate care hospitals all have medical clinics and access to x-ray, laboratory and other medically needed services. Outpatient clients are encouraged to obtain primary care providers for their medical care. Those who do not have the resources to obtain a private provider are referred to the LSU system outpatient clinics. Children and adolescents who are clients of state operated mental health clinics or Medicaid funded Mental Health Rehab services also benefit from a health screening with a referral as needed.

Proper dental care is increasingly demonstrated to have an important role in both physical and mental health. Dental services are provided at intermediate care hospitals by staff or consulting dentists. Referrals for oral surgery may be made to the LSU operated oral surgery clinics. Some examples of low or no-cost dental services/resources available to OMH outpatient consumers include the Louisiana Donated Dental Services program, the David Raines Medical Clinic in Shreveport, the LSU School of Dentistry, the Lafayette free clinic, and the Louisiana Dental Association.

The LSU School of Dentistry (LSUSD) located in New Orleans sustained severe damage from flooding from Hurricane Katrina, and was forced to close, re-opening in the fall of 2007. In addition, various school-based dental clinics in MHSD that offered a full range of services also were destroyed but most have re-opened. An unexpected result of the closure of these facilities is that in order to continue to train dental and dental hygiene students, clinics opened in other parts of the state. Some of these clinics have remained open, although in smaller scale. The LSUSD campus serves primarily residents from the greater New Orleans area; however, LSUSD satellite clinics serve citizens in other areas of the state. In addition, Earl K. Long Hospital in Baton Rouge provides routine dental care.

A recent increase in the reimbursement rates for treating children who receive Medicaid benefits coincided with an influx of mobile dental clinics. HB 687 was the Louisiana Dental Association-supported bill that addressed dentistry in public schools, citing that nonpermanent dental clinics were unsanitary and discouraged parental involvement in their children's dental care. Initially, the bill sought to prohibit all dentistry on school grounds. Critics of the bill argued that elimination of dental services by mobile units or those offered in the schools would deny poor children access to dental care. After much debate, the final piece of legislation, ACT 429 charged the Louisiana State Board of Dentistry with addressing such vital issues as maintenance of equipment; minimal standards; disposal of infectious waste; requiring appropriate consent form from the parent or guardian prior to providing dental services to a minor; parental consultation/involvement regarding dental services provided to a minor; and inspection by the licensing board.

HB 881, one of the state's supplementary appropriations bills, included $3,141,257 to restore cuts that had been made to the Early and Periodic Screening, Diagnosis and Testing Services (EPSDT)

dental services. The EPSDT Dental Program provides coverage for a range of services including preventive and restorative care. The Louisiana Foundation of Dentistry for the Handicapped (also known as Donated Dental Services) received $115,000 in funding for the 2009-2010 fiscal year. Unfortunately, no new funds were appropriated for fluoridation efforts simply because of a lack of state funds for new projects. The Louisiana Dental Association will continue to work with the American Dental Association, the Healthy Smiles Coalition and the Department of Health and Hospitals (DHH) to search for funds for community water fluoridation.

The LSU operated hospitals have always struggled to meet the needs of all citizens of Louisiana, but even more so since the storms of 2005. There is still debate about whether to rebuild the large teaching hospital in New Orleans, or if the citizens of New Orleans are better served by smaller clinics, with the teaching hospital moved to Baton Rouge. Medical homes, entities that would serve the primary care needs of Louisiana citizens and ensure proper referral to specialty services are a best practice that is beginning to take hold in the state.

Following the hurricanes, there was an exodus of healthcare providers from the state. This has resulted in long waiting periods for patients, who then often experience increased anxiety and higher levels of emotional and physical pain. Emergency Department waiting times have dramatically increased. In some regions, hospitals have begun offering some on-site medical services at the mental health clinics to patients who do not have transportation, and nursing staff is often available for general nursing consultation and referrals.

The Louisiana Youth Enhanced Services (LaYES) Children's Initiative pays special attention to planning, developing and implementing a collaborative network of primary health care providers, including family physicians, pediatricians, and public health nurses.

MHSD has expanded school based Health Clinics through partnership with Tulane and LSU. The Infant, Child, and Family Center (ICFC) in MHSD received grant funding from the Pennington Family Foundation in December 2008 to expand Occupational Therapy services provided to clinic clients. The ICFC added Speech Therapy Services through an MOU with Southern University Speech-Language Pathology Program, beginning June 2008.

Expanded Healthcare Services for Pregnant Women (EDSPW) and LaMOMS

Certain healthcare services are provided to pregnant women between the ages of 21 and 59, who are eligible for full Medicaid benefits. The LaMOMS program is an expansion of Medicaid coverage for pregnant women with an income up to 200 percent of the Federal Poverty Level. Through this program, pregnant women of working families, either married or single, have access to no-cost dental and healthcare coverage. Medicaid will pay for pregnancy-related services, delivery and care up to 60 days after the pregnancy ends including doctor visits, lab work/tests, prescription medicines and hospital care.

LaCHIP

LaCHIP is Louisiana's version of the national Children's Health Insurance Program (CHIP), authorized under Title XXI of the Social Security Act. CHIP enables states to implement their own health insurance programs with a mix of federal and state funding. LaCHIP stands for "Louisiana Children's Health Insurance Program." LaCHIP is a health insurance program designed to bring quality health care including dental care to currently uninsured children and youth up to the age of 19 in Louisiana. Children enrolled in LaCHIP are also Early Periodic Screening, Diagnosis and Treatment (EPSDT) eligible; therefore eligible for the dental services covered in the EPSDT Dental

Program. Children can qualify for coverage under LaCHIP using higher income standards. LaCHIP provides Medicaid coverage for doctor visits for primary care as well as preventive and emergency care, immunizations, prescription medications, hospitalization, home health care and many other health services. LaCHIP provides health care coverage for the children of Louisiana's working families with moderate and low incomes. Children must be under age 19 and not covered by health insurance. Family income cannot be more than 250 percent of the federal poverty level (about $4,417 monthly for a family of four). Children enrolled in LaCHIP will maintain their eligibility for 12 continuous months no matter how much their family's income increases during this period. This is being done to ensure children receive initial and follow-up care. A renewal of coverage is done after each 12 month period. The Office of Mental Health is responsible for the provision of mental health services through LaCHIP.

Following the hurricanes, there was an exodus of healthcare providers from the state. This has resulted in long waiting periods for patients, who then often experience increased anxiety and higher levels of emotional and physical pain. Emergency Department waiting times have dramatically increased. In some regions, hospitals have begun offering some on-site medical services at the mental health clinics to patients who do not have transportation, and nursing staff is often available for general nursing consultation and referrals.

SUPPORT SERVICES
FY 2010 – Child/Youth

Support Services are broadly defined as services provided to consumers that enhance clinic-based services and aid in consumers' reintegration into society as a whole. Louisiana's public mental health system is well grounded in the principle that children, youth, and families impacted by an emotional or behavioral disturbance (EBD) are resilient. OMH has traditionally supported a variety of activities that aid children, youth, and their families. These activities include both indirect and direct support such as providing financial and technical support to consumer and family organizations. There are self-help educational programs and support groups that are organized and run by family members on an ongoing basis. These concepts are integral to Goal 2 of the *President's New Freedom Commission* that emphasizes that services are consumer and family driven in terms of leadership and outreach.

The charge of the OMH Office of Client, Youth and Family Affairs is to develop more inclusive services for all those affected by mental health issues in Louisiana. The full-time director of the office is a self-identified consumer. Currently, the Office is focusing on issues of client choice and inclusion through initiatives that will enable choice, empowerment, and in certain instances, employment. With a focus on choice and inclusion this office continues to actively work towards the development of peer support programs, resource or drop-in-center development, coordination of a statewide advocacy network, and other initiatives that encourage consumer and family independence in all aspects of care.

In the area of consumer empowerment, OMH has supported a variety of activities that aid consumers, including children/ youth and their families. These supported activities include employment, housing, and education as described earlier. Activities also include the provision of financial and technical support to consumer and family organizations and their local chapters throughout the state. Self-help educational programs and support groups, funded by the Mental Health Block Grant are organized and run by consumers or family members on an ongoing basis. For example, BRIDGES,

modeled after the Journey of Hope program for family members, is a consumer-run enterprise, providing education classes and support programs throughout the State of Louisiana.

In addition to the above activities, OMH hires parents of EBD children and adult consumers into State jobs as either consumer or family liaisons. These individuals assist other consumers and families to access services as well as provide general education and supportive activities such as accessing consumer and/or family care resources. Consumer resources include flexible funds that families and consumers can utilize to address barriers to care and recovery, in unique ways for that individual or family situation. The Louisiana Commission on the Employment of Mental Health Consumers was originally created in the 2004 legislative session in response to several state and federal initiatives including the *President's New Freedom Commission Report*. This employment group recently completed its tenure after formalizing methods to address employment opportunities for mental health consumers.

OMH continues to hire parents of EBD children as family liaisons. These individuals assist other family members in accessing services as well as providing general education, advocacy and supportive activities. Among resources currently available to consumers and families within the public mental health system include flexible funds that can be utilized to address barriers to care and recovery. There are also services available to assist youth and families of children to secure and maintain employment via such means as consumer care resources (flex-funds). Consumer Care Resources can also be used to pay for respite, utility bills, clothing, food, and unanticipated expenditures (e.g., car repairs).

Increasing the presence of and ensuring that once vacant family liaison positions are now filled, all family liaisons are included in the same training classes as peers and all liaisons are linked together through formal and informal networks of support. There is an increased effort to ensure that family voices are empowered and educated about services and supports available for both themselves and their children/families. Although, still in the initial phase of family involvement, it is the goal that more programs will become available for family members throughout the state as the recovery modalities are continuing to be developed and implemented.

OMH places a priority on family support and services that keep children and youth in their natural or foster home setting. In addition to supports and services discussed in the previous sections on employment, housing, and rehabilitation services, parents of children and youth with an emotional or behavioral disturbance are also supported through three state-wide organizations providing assistance to families: Federation of Families, Families Helping Families, and NAMI-LA. The Federation of Families' parent mentoring program, developed and operated through a contract with OMH, links parents who have experience with working with their own emotionally or behaviorally disturbed child to other similar parents with support and advocacy activities. These early intervention services are inherent to Goal 4 of the *President's New Freedom Commission Report* which specifically advocates for services for children and ultimately their families before a crisis stage is reached.

The following are specific examples of support services that also are linked closely with Goal 4 of the *President's New Freedom Commission Report*:

In MHSD, HARP provides for counseling, discharge planning, case coordination, referrals to community resources, and follow-up services. School-Based Health Centers offer assessment, treatment via individual and group settings, professional referrals, targeted groups (i.e., anger management, social skills, etc.), and addiction counseling and prevention. MHSD is also establishing

psychiatric and psychological services as well as case management. Through contracts, the Children's Bureau offers family preservation and grief and trauma groups in schools; Brookhaven offers therapeutic respite/personal care attendant services; LHRO offers recreational respite; and Divine Concepts offers homeless case management. In CAHSD, there is an FFT program; in-home, intensive therapy by a multi-disciplinary team; respite; crisis services; intensive behavior management services; consumer care resources; flexible funds to enhance family functioning; family preservation; and in-home family intervention services. Region 3 offers FINS, a pre-delinquency intervention program that provides interagency social work services to assist families in identifying risk factors in lieu of court adjudication; its goal is to halt problematic behaviors; LA Federation of Families - Family Mentoring Services; CART Crisis Intervention Services; and therapeutic respite. In Region 4, there is mental health rehabilitation which provides intensive therapeutic and case management services including medication management; consumer care emergency funds for youth's basic or special needs, to enhance their recovery or prevent decompensation; the Extra Mile that provides therapy services for adoptive/foster children. STARS (School Based Therapy, Assessment, and Referrals) is a school based therapy and resource service provider. Region 4 reported providing on-site services by a master's level clinician at Parish schools, funded through District general funds. Approximately 1,588 children/youth are reported to have received services, including screening, evaluation, individual and group therapy, as well as family counseling.

In Region V, the Educational and Treatment Council, Inc. provides crisis intervention services to children, youth, and their families in crisis to prevent or reduce the need for hospitalization. These services include after-hours crisis systems coordination, face-to-face screenings, in-home crisis stabilization services, and out-of-home crisis respite services. Education and Treatment Council, Inc. provides services for children and adolescents, using a team approach (family, doctor, therapist, and outreach worker) with OMH via five clinics. The focus is to provide more intensive treatment services in the home, school, and community, which should reduce the need for hospitalization; provide supports; and ease the re-entry of hospitalized children/adolescents into their home community. In addition, Volunteers of America provides a wide range of instructional and intervention services to assist EBD children/youth and their families in obtaining the supports necessary to achieve, maintain, or improve home/community based living situations. A Help-Point Coordinator facilitates the Interagency Service Coordination (ISC) process, teaches parenting classes based on the Boys Town Common Sense Parenting model, and keeps track of wraparound services funded with the use of Consumer Care Resources. Consumer Care Resources provide wraparound services as needed. Respite Services provides family support in the form of planned respite and out-of-home crisis respite services; transportation for respite services is provided; summer day camps; and various recreational outings. OMH has contracts with the Sisters of Emmanuel, Inc. to provide school-based mental health services for students at several schools in Calcasieu Parish. Services may include crisis counseling, individual and/or group therapy, family therapy, and training/consultation with teachers and/or administrators. Moss Regional Hospital performs all needed lab work for those LCMHC clients who cannot financially afford private laboratories. Draw Station or Moss Regional provides lab work for the Allen and Beauregard MH clinics.

In Region VI, there is the Child Consumer Care Resource Program that provides monetary assistance for addressing unmet needs of EBD children and youth. The funds are used for purchase of goods or services such as, but not limited to: tutoring services, transportation assistance, household supplies. The Family Support Program is for families who have children and youth with an EBD. Its purpose is to promote the nurturing abilities of families; to help them utilize existing resources; and to assist them in creating or taking part in family network of support. Planned Respite Services provide temporary relief for families or caregivers of EBD youth. It is facility-based and offers respite on

certain days at certain periods of time. The "Whatever It Takes" program is designed to assist children and their families is obtaining the necessary supports to achieve, maintain, or improve home/community based living situation. Services are mobile and are delivered in the most appropriate, naturalistic environment and during non-traditional office hours. The FINS Program is designed to identify child and family risk factors and to refer to the appropriate services.

Region VII offers numerous adjunctive services via contracts. There are home- based interventions designed as wraparound services to supplement clinic-based services - individualized with the consumer/family and clinician. It can also include individual, group, and family interventions as well as case management services. There is crisis stabilization in an inpatient psychiatric setting. Planned, unplanned (crisis), or camp services are available as well as ACT, which is intensive, comprehensive, multi-disciplinary, mobile, community-based services that are not available in the traditional outpatient setting. ACT services promote the following: services are provided in the community, at the home, school, or wherever the individual may be; a multi-disciplinary treatment team that includes the consumer driving the treatment; an emphasis is placed on strengths; all life domains are addressed; the services are responsive to the client/family's full range of needs as they change over time (flexible/comprehensive); continuity of care; and support from the treatment team is ongoing and unlimited in duration, and can be accessed 24 hours a day, 7 days a week.

Consumer Care Resources enhances access to needed supports, services, or goods to achieve, maintain, or improve individual/family community living status and level of functioning in order to continue living in the community. Examples include financial assistance with rent/utility bills or purchase of school uniforms. It can also include extracurricular activities to improve the child/youth's self esteem.

Case management services are provided at six levels of intensity: Level 0: Prevention and Health Maintenance - Four (4) hours of contacts; Level 1: Recovery Maintenance and Health Management- Eight (8) hours of contacts; Level 2: Low Intensity Community Based Services - Ten (10) hours of contacts; Level 3: Moderate Intensity Community Based Services - Twelve (12) hours of contacts; Level 4: High Intensity Community Based Services - Fourteen (14) hours of contacts. Priority groups include youth who are at risk for placement in residential programs - referred to a local interagency team or for a client who's needs require multiple services with 24 hour availability; Level 5: Sixteen (16) hours of contacts. Priority groups include youth who are at risk for placement in residential programs - referred to local interagency team or for a client whose needs require multiple services with 24 hour availability.

Coordinated school-based services provide a range of in-school and in-home mental health services to students and their families identified and referred through the School Building Level Committee process at Sabine Parish School Board with the goals of 1) increasing capacity to serve regular education students within the context of community, school and home; 2) decreasing the number of students identified as disabled due to mental health concerns; 3) reducing the amount of instructional time lost by students due to out of school suspension and absences related to mental health concerns; and 4) increasing the degree of inter-agency service integration of programs and coordination of cases served by multiple agencies.

Individualized Deferred Disposition (IDD) – Diversion services for youth with/mental health issues involved in the Juvenile Court in Caddo Parish.

TEAMS is a program designed for school-aged children that provides educational advocacy for youth with EBD and other special education needs.

In Region VIII, Families Helping Families offers information, resource lending of books, videos, and equipment to people with disabilities. They offer direct referrals to agencies and services important to families' specific needs. They also offer drop-in/call-in information and guidance by a trained parent/ professional.

Positive Forces Counseling Network is a community based counseling agency. They provide counseling to individuals, couples and families by appointment only. They also offer guidance, counseling, and assistance to "at-risk" children.

There is respite for families with a child or youth with an EBD as well as school programs for children who have difficulty staying on task at school and who experience academic and behavioral disorders in the school setting. Crisis services are available for children, youth, and their families who are in a crisis situation and require intensive care. There is summer respite day camp for children ages 6-13.

Families in Need of Services (FINS) is a pre-delinquency intervention that provides interagency social work services to assist families, often signing contracts for school and family progress in lieu of court adjudication. Its goal is to halt problematic behaviors. The FINS officer screens the referral, conducts a conference with the family and (with family participation), and develops an interagency service plan that offers assistance to the child and family. The FINS officer monitors the family's progress.

Children’s Coalition Teen Screen targets ages 6 - 18 to assess for the risk of suicide and to refer to the appropriate agency for intervention.

The Wellspring Counseling Program offers professional therapy for individuals, couples, and families experiencing a wide range of emotional complaints. Services are offered on an individual, family, marital, or group basis. They also offer more specific types of counseling, such as the counseling provided for victims of sexual assault and for those who have experienced other traumatic events. They offer a 24-hour crisis line staffed by trained crisis counselors.

In FPHSA, there is Crossroads, a short-term, in-home crisis intervention program; Pathways-Family Preservation Program provides several weeks of in-home family therapy and supportive services; ACT is intensive long-term supportive services for families with a child or youth with a severe EBD; Transportation Vouchers assists families with transportation expenses to mental health services; Consumer Care Resources provides assistance to families in financial crisis and with supportive services; Family Support Cash Subsidy is cash subsidy to assist families with a child or youth diagnosed with an EBD; and Interagency Service Coordination is a planning and service coordination process that provides multi-agency planning for youth who need multi-agency involvement in order to remain in the community setting.

JPHSA Children's Community Support offers parent support groups where parents can learn about programs and advocacy for their children with special needs; transportation services and a light lunch are provided. The Children's Community Support has a van that is available for transportation to and from parent support group meetings as well as for transportation to the clinic if other means are not accessible. The Children's Community Support also manages Children's Flexible Funding and cash

subsidy programs which exist to assist parents in providing community supports for their children's mental health disorders. Children's services have a contract with Gulf Coast Teaching Family Services for planned and recreational respite in order to assist youth who are at risk for out of home placement.

All consumer focused services relate to Goal 2 of the *President's New Freedom Commission Report* calling for Mental Health care that is consumer and family driven. Renewed emphasis on consumer focused services is especially needed in light of the hurricanes and the economic downturn that has resulted in a limited capacity to support consumer-based services.

SERVICES PROVIDED UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT
FY 2010 – Child/Youth

Please refer to Criterion 3: Children's Services, Educational Services, including services provided under IDEA for information on this topic.

TRANSITION OF YOUTH TO ADULT SERVICES
FY 2010 – Child/Youth

The Office of Mental Health, Department of Education, and Department of Social Services are working with transitional age youth to identify and implement a strategic plan to provide peer supports and community resourced for successful transition to secondary educational settings.

Summarized below are representative programs from each Hospital and Region / LGE in the state that facilitate the smooth transition of youth to adult services.

SELH:

- Developmental Neuropsychiatric Program (Inpatient Services) includes social skills training, family therapy, and behavior management, parent training, and medication management to persons with co-occurring disorders
- Developmental Neuropsychiatric Program (Outpatient Services) includes parent training, home/school behavior management, medication management to persons with co-occurring disorders
- Challenges Program – Day treatment which offers therapeutic, educational, and behavioral treatments as well as medication interventions, 5 days a week
- Youth services (Inpatient) – 24 hr. a day, 7 days a week individual, group and family therapy, parent training, medication management, special education, and competency restoration

NOAH:

- Continuum of Care Policy – sets forth guidelines for orderly transition of youth to adult system of care
- SSD#1 - Liaison with this specialized school district to offer special education to the transitional age population
- Transitional Program – step-down process from child/adolescent; unit to assist patients in transitioning from the inpatient unit to the community
- NOAH's ARC (resource center) – mobile clinic serving EBD/SMI children and adolescents in

underserved, hard to reach areas, especially Plaquemines and St. Bernard

ELMHS:

- Spring House - A group home/residential treatment program for teenage girls in the custody of the Office of Community Services
- Evolutions - A Day Treatment/Partial Hospitalization Program for school aged children in East Baton Rouge and surrounding parishes

CLSH:

- Adolescent Services (ACS) - Provides inpatient psychiatric care to13-17 year old male & female adolescents
- Adaptive Behavior Service (ABS) - Provides inpatient psychiatric care tochronic adults 18 and older.
- Structured Rehab Services (SRS) [Forensic] - Provides inpatient psychiatric care to forensic adults 18 and older

MHSD:

- Interagency Service Coordination (ISC) is offered to children between the ages of 7 and 18 to coordinate services/resources

CAHSD:

- Housing Support Team (LAHire) – Housing and employment services
- Transitional Core Teams (Vocational Rehabilitation) – Education and employment services, job seeking and training services
- 2 mobile Outreach Teams (Child/Adolescent Response) – Community based screenings and links to community services, CART-crisis stabilization and placement
- Youth Oasis (ACT) – youth transitional living services, in-home intensive therapy
- AA ((Interagency Service Coordinator) – Community based support program available in all 7 parishes
- Respite Services – Provide therapeutic respite in licensed therapeutic foster or group home setting

Region III:

- South Central Louisiana Region 3 Core Trans Team – shares information on regional level regarding best practice to link child from school system to adult system
- Bayou land Families Helping Families – family resources center that helps parents and children with transition services

Region IV:

- CART - provides assistance to children and their families in times of crisis

Region V:

- CMHC interdisciplinary clinical staffings are held on all transitional age persons. These are 1-2 joint sessions held with the consumer and both adult services and c/y services clinicians to promote continuity of care. The CMHC Children's Services Unit may see consumers to age 21 if in special education and through age 19 if in school full-time.
- Interagency Service Coordination (ISC) staffings are held when appropriate, inviting adult service providers, housing specialist and employment services to assist the youth in transitional planning. Vocational Rehabilitation Agency is instrumental in the transitional planning process and is always invited to be part of the staffing. OMH may participate in Court proceedings to assist in transitioning individuals.
- Jeff Davis Pupil Appraisal Office has a transitional team that meets quarterly and staffs each student with a multidisciplinary team to provide to the individual and family information on community-based services for the particular disability. OMH-5 is part of that team.
- ETC Transitional Housing Program

- Family Preservation Program is an in home case management program designed to assist families with resource linkage.
- Nurturing Parent Program is a parenting program designed to teach parenting skills through a 16 week curriculum.
- FFT
- Planned Respite
- Respite Support helps families find natural supports for respite care and financial assistance.
- Planned Respite provides planned activities for youth to allow for parent respite.

Region VI:

The following support and social services are offered by Region VI for individuals age 17 and under:

- FINS (Families in Need of Services) offers pre-court, legally sanctioned intervention for youth exhibiting anti-social behaviors.
- The Consumer Care Resource program assists children and families with meeting their basic needs.
- OMH Cottage Respite offers out of home planned respite services.
- "Whatever It Takes Program" assists families to obtain, coordinate, and advocate for needed services.
- Development and implementation of advanced training for CIT Law Enforcement Officers in the region on Juvenile Mental Health Issues.
- ISC (Interagency Service Coordination) links state agencies with community-based programs.
- Recreational Planned Respite offers planned recreational camp activities for youth and children. OMH Cottage Respite provides out of home planned respite services for children and youth.

Region VII:

- Special Education Transition Team helps special education students connect with vocational services, trainings, and sheltered workshops.
- Families Helping Families provides advocacy, education, and parent training resources and information.
- ISC is a collaboration of state agencies and other providers to put in support and services for at risk youth.
- Consumer Care Resource provides funds for extraordinary expenses, education/resources, activities and materials.
- Crisis Stabilization is a program that pays for inpatient acute hospitalization.
- Co-occurring groups specifically address substance abuse, use, and recovery.

Region VIII:

- Children's Coalition TEENSCREEN is a program to identify suicidality and other mental health issues in school-aged children and connect with appropriate service.
- Regular Clinic Services provide individual treatment planning and service provision for transitional age persons.
- Wraparound Funds provide emergency funds to families to maintain or enhance a consumer's quality of life.
- VOA-ACT and Positive Forces ACT provide individual service planning/provision to help consumers/families to develop/utilize community and natural supports.

FPHSA:

- SELH-DNP/In-Patient and Out-Patient Services assist with transitional age individuals with dual diagnosis of mental illness and developmental disabilities.

- Louisiana Rehabilitation Services provides supportive employment for transitional age individuals.
- Family in Need of Services monitors families of children up to age 18 to ensure the families are receiving the appropriate services.
- Transition Age Committees take place in the schools of all five parishes (St. Tammany, Washington, St. Helena, Livingston, and Tangipahoa). FPHSA participates in these meetings to educate transitional age individuals and their parents on available services to help them plan for the adult world.
- OCS/CFCIP Independent Living Skills Providers- goal of helping individuals transition out of foster care by helping individuals become self-sufficient

JPHSA:

- JPHSA Child & Family Services- Individual, group, and family interventions for youth ages 15-18.

OTHER ACTIVITIES LEADING TO REDUCTION OF HOSPITALIZATION
FY 2010 – Child/Youth

Utilization of state hospital beds dropped significantly with the introduction of community-based Mental Health Rehabilitation (MHR) services and the development of brief stay psychiatric acute units within general public hospitals. Moreover, Louisiana and OMH have a network of services that provide alternatives to hospitalization for children/ youth in Louisiana through a broad array of community support services and consumer-run alternatives. Housing, employment, educational, rehabilitation, and support services programs, which take into account a recovery-based philosophy of care, all contribute to reductions in hospitalization.

In the event of crisis, hospitalization is a last resort, after community alternatives are tried and/or ruled out prior to inpatient hospitalization in a state inpatient facility. Implementation of the statewide Continuity of Care policy continues to enhance joint hospital-community collaboration with the goals of improved outcomes post-discharge including reduced recidivism. These tasks are inherent in Goal 5; Recommendation 4 of the *President's New Freedom Commission Report* which calls for states and communities to address the problems of acute and long term care; specifically addressing "assessing existing capacities and shortages coupled with delivering appropriate acute care services."

Another avenue of care that has shown to reduce hospitalization rates is the Mental Health Rehabilitation (MHR) program that allows greater flexibility of services; and the ability to cover additional services such as FFT and MST, that are consumer driven and recovery-focused. The previously discussed move of the MHR program into the DHH Medicaid Office should improve the availability of resources and flexibility to an even greater extent. Each OMH Region/ LGE also has specific initiatives aimed at reducing hospitalization and/or shortening hospital stays.

Many other programs previously discussed have either directly or indirectly had an impact on the utilization of inpatient services. For example the Louisiana Integrated Treatment Services (LITS) model for persons with Co-occurring Mental and Substance Disorders has resulted in increasing access to community services and reducing the need for hospitalization. The advent of using effective co-occurring capable services is intertwined with Goal 4; Recommendation 3 of the *President's New Freedom Commission Report* that calls for the linking of mental health and substance abuse treatment. The development of crisis services throughout the state is another

example of programming that has resulted in decreased hospital utilization. The expanding use of telemedicine has also shown great promise and results.

Fiscal legislation passed in the 2009 legislative session allows OMH to close one of its state hospitals, New Orleans Adolescent Hospital (NOAH), and transfer the child/adolescent and adult acute beds to Southeast Louisiana Hospital (SELH); and with the savings in operational costs, will allow for the opening of two new community mental health clinics in locations convenient to consumers in the New Orleans area. The goal is to increase community outreach programs and outpatient clinics thereby reducing the need for inpatient services for all consumers, including children and adolescents.

Other activities leading to reduction of hospitalization that have been discussed previously include FFT, MST, family support mentoring, respite, flexible fund services, and the Mental Health Rehabilitation (MHR) program. Through the Intensive Community Respite Program, contract providers have been educated and assisted to feel more comfortable with children and adolescents with more serious problems than are usually placed in Community Respite Programs. Over the past several years, educational and recreational activities have been added to the Intensive Crisis Respite Community Program so that those enrolled in the program have a more structured schedule.

Regional emphasis on FFT programs, that include intensive home/school/community-based services, has reduced the number of children going into hospitals. The utilization of family-focused services by supporting the court system and other systems with the ISC (Interagency Service Coordination) process has also been effective, allowing for more wrap-a-round services to be placed where the child and/or family need it the most.

Interagency Service Coordination (ISC)

Efforts continue to enhance communication and collaboration with providers and other stakeholders through the Interagency Service Coordination (ISC) process, the utilization of telemedicine services for treatment team staffings and provision of family and individual therapeutic sessions, and other continuity of care processes; these initiatives have resulted in an overall improved System of Care for children and youth and their families. Continued efforts to educate the community and OMH staff regarding these additional supports and services has resulted in increased utilization of these alternatives to hospitalization and increased community awareness to the System of Care philosophy and principles.

Louisiana Integrated Treatment Services (LITS)

The Louisiana Integrated Treatment Services (LITS) model for persons with Co-occurring Mental and Substance Disorders has advanced the use of the model to include addressing the needs of children/youth in the Integrated Treatment Team staffings resulting in increasing access to community services and reducing the need for hospitalization.

Child and Adolescent Response Team (CART)

The community-based Child and Adolescent Response Team (CART) program and other community-based supports and services continue to provide a route to assist in the reduction of inpatient hospitalizations. The CART program provides daily accesses to parents/teachers or other community persons who identify a child who is experiencing a crisis. This program continues to provide services that present alternatives to hospitalization and prevent unnecessary hospitalizations. There is Crisis Care Coordination and face-to-face assessments by a clinician who is available after hours, weekends and holidays to handle crisis calls. CART also provides crisis stabilization in the

home, away from home, and at alternate site crisis stabilization (respite). In some regions, for example, comprehensive services now include Wrap-Around Professional Services, Clinical Case Management, and Consumer Care Resources. Although some regions lack planned respite, any child/adolescent can obtain crisis respite through CART regardless of their status with the community mental health center. Outreach activities in the regions are available to the public, school system, and juvenile justice system to increase their awareness of the CART Program prevention services as well as the OMH child and adolescent services resulting in an increase in service utilization.

Juvenile Justice

A new Juvenile Justice Diversion program was initiated towards the end of FY 07 supervised by Judge Cook's office who has participated in the CIT training in Memphis. Juvenile Drug Court and Mental Health Court also assist the juvenile justice system in diverting youth from the corrections and hospital systems into the mental health community-based system

Crisis Intervention Training (CIT) for law enforcement has been well established in several regions/ LGEs to address behavioral health crises. Crisis Intervention Training (CIT) readies officers and dispatchers to assess and respond appropriately to calls involving adults with SMI and children with EBD. Training law officials to identify and understand the mental health needs of children and youth with EBD is yet another way to reduce the need for hospitalization of youth experiencing mental health crises.

Family Liaisons

Regions and LGEs utilize the services of family liaisons who act as the "warm line" for parents (visits and supports). These individuals assist other family members in accessing services as well as providing general education, advocacy and supportive activities in efforts to deter hospitalizations.

Other Community Resources and Educational Services

New programs have been developed such as local case management, after school tutoring, camps, individual and group therapy, and family therapy programs, and even though youth still have to be admitted to a psychiatric hospital for various reasons, there has been a reduction. Children and youth are receiving more in home/school/community-based services. There is also home educational services related the child's mental health diagnosis.

Programs to promote more healthy eating habits and prevent child abuse have also been utilized throughout the state. Helping parents learn better understand options for discipline for children with mental health issues. Respite and planned recreational respite programs for children and adolescents provides individuals to go into the homes of children and adolescents to assist the families in times of crisis. They utilize an Assertive Community Treatment program to serve our children and adolescents who are high risk for hospitalizations. A continuum of youth crisis services includes a crisis phone line operated by Baton Rouge Crisis Intervention Center, 24-hour Regional Crisis Coordination services, face-to-face crisis assessments which may occur in the home, in-home crisis stabilization, out-of-home respite services, therapeutic foster care, and family preservation programs. Telemedicine equipment is used throughout most of the area to address training and educational needs, reduce administrative costs for meetings, and provide a means for assessing and treating children and youth in locations that do not have access to a child psychiatrist, especially in the rural communities. School-based counseling services are provided in multiple schools to identify children/youth in need of services and to provide counseling services which help to prevent the need for psychiatric hospitalizations.

CRITERION 2
MENTAL HEALTH SYSTEM DATA EPIDEMIOLOGY
INCIDENCE & PREVALENCE ESTIMATES
FY 2010 – Child/Youth

Goal #6 of the *President's New Freedom Commission Report* states: "Technology Is Used to Access Mental Health Care and Information." In this regard, OMH continues to make great strides in upgrading information technology and in establishing electronic data systems to meet the growing and changing needs for information in support of service system management, program operations, quality improvement, and performance accountability.

OMH currently operates several statewide computerized information and performance measurement systems covering the major service delivery and administrative processes. These systems provide a wide array of client-level data: client characteristics, clinical assessments, type and amount of services provided, and outcome of services. OMH also performs centralized electronic billing for Medicaid and Medicare for all CMHCs statewide. OMH has been progressively moving towards one, integrated, web-based system to serve the reporting and electronic health record needs of the agency, sequentially retiring legacy systems and modernizing features at each step along the way.

OMH-IIS (Office of Mental Health – Integrated Information System) is the state-of-the-art web-based information system development, operating in an integrated fashion over the DHH wide-area network (WAN) on a central SQL server. The current system has undergone several phases of a series of planned, sequenced enhancements, documented in previous Block Grant plans. At each step of the way the corresponding functions in ARAMIS (Accounts Receivable and Management Information System), which is the legacy LAN-based information system that served these functions previously, have been "retired." This past fiscal year, the OMH-IIS centralized Provider Registry was upgraded and the following new modules were added to OMH-IIS: 1) Assessment; 2) Admission/ Discharge/ Transfer; and 3) Service Ticket/ Progress Note. The Service Ticket/ Progress Note, the most recently implemented module, moves OMH-IIS ever closer to establishing the foundation for an electronic behavioral health record. Staff no longer need use paper service tickets or progress notes. The plan for further development of OMH-IIS is to sequentially replace the remaining separate, non-integrated LAN-based legacy systems now operating statewide by extending the functionality of the expanding OMH-IIS system. The remaining major ARAMIS function to be replaced is Accounts Receivables, scheduled to be migrated into OMH-IIS this Fall. In addition, OMH plans to add centralized appointment scheduling integrated into the system; addition of registry of contract programs to enable determining the total number of unique persons served across the system of care, and addition of the service recording and Medicaid billing for the Early Childhood Supports and Services program. Additional modules planned include: Provider credentialing & privileging (in conjunction with the current central provider registration); Expanded assessments and quality management functions, including capacity for contemporary performance & outcome measures and a continuity-of-care record; Tracking clients enrolled in evidenced-based treatments; and a central program registration system. While the current OMH-IIS employs current information technologies, rapidly changing technology and the development of standards requires its updating to serve as the core for the new system development.

In October 2008, OMH initiated the use of the electronic Level of Care Utilization System (LOCUS) as foundational component of the Cornerstone Utilization Management program. LOCUS is a well-established clinical rating instrument that will be used to determine target population eligibility and intensity of need over the course of treatment. Access to this instrument has been integrated into the OMH-IIS assessment section and data submitted becomes part of the OMH data warehouse allowing LOCUS data to be linked to all existing clinical information within the warehouse. OMH also procured CA-LOCUS and will be integrating it into OMH-IIS this fiscal year.

As part of the continuing implementation of a Utilization Management/Accountable Care program for OMH operations, this year OMH procured use of the Service Process Quality Management (SPQM) system, a proprietary web-based analytical system developed by MTM Services, Inc., which utilizes standardized data uploaded from the OMH data warehouse and displays it through dashboards and cross-tables for data-based decision making and program performance improvement by state managers (OMH regions and LGEs). Staff members participate in monthly SPQM webinars conducted by David Lloyd, Accountable Care expert, for purposes of advancing their competencies in data-based decision making.

OMH has procured and will soon implement the Telesage Outcome Measurement (TOMS) system statewide, funded under the Data Infrastructure Grant. This system utilizes standardized client self-report outcome surveys and provides provider staff the means to monitor client treatment outcomes at repeated intervals over the course of treatment. This electronic outcome measurement system will transfer data into the OMH data warehouse where it will be combined with the existing clinical data allowing for more complex analysis of client outcomes from treatment.

OMH continues to operate the several legacy systems until these are systematically replaced by OMH-IIS, but continue to provide needed performance data. These systems are largely custom-built, LAN-based, and compliant with national data standards (e.g., Mental Health Statistics Improvement Program - MHSIP). These legacy systems include:

PIP/PIF/ORYX. The Patient Information Program, implemented in 1992, operates in each of the five state hospitals and three regional acute units. It provides a comprehensive array of data on inpatients served. A financial module (PIF), implemented in 1994, supports billing, and the ORYX module, implemented in 1999, supports performance reporting for JCAHO accreditation. PIP is a DOS-based system. This system is in line after ARAMIS to be rolled into OMH-IIS.

MHR/MHS & UTOPiA. The Mental Health Rehabilitation/Mental Health Services system, implemented in 1995, supports client, assessment, and service data collection and reporting for mental health rehabilitation provider agencies and contract mental health service program providers (mainly case management). The Utilization, Tracking, Oversight, and Prior Authorization system provides for prior authorization of services and utilization and outcomes management at the state and area levels. MHR/MHS & UTOPiA run in Visual Fox Pro. There is recent interest in evaluating the possibility of incorporating the functions of MHR/MHS & UTOPiA into OMHIIS during Phase 5 enhancements. However, recent events may make this unnecessary. As of July 1, 2009, the Mental Health Rehabilitation Services Unit will be completely transferred to be within the Medicaid Office in DHH. As such, data for MHR/MHS may be maintained within the Medicaid Integrated Data System. It has not yet been decided how the coordination of data between Medicaid and OMH will take place.

HCS MEDICS. OMH operates the proprietary Health Care Systems (HCS) Medics pharmacy software in each of the seven regional community pharmacies and each of the five state hospitals. This software automates prescription processing and management reporting of utilization of pharmaceuticals. It interfaces with PIP in the hospitals to capture patient admission data.

OTHER SYSTEMS. In addition to the above listed OMH data systems, there exist program specific data systems that are supported by OMH. These include the CRIS data system for the Child and Adolescent Response Team (CART), the ECSS-MIS supporting the Early Childhood Supports and Services (ECSS), and RiteTrack, a proprietary information system supporting the Louisiana Youth Enhancement Services (LA-YES). In each case, these specialized service programs have unique database needs that have been addressed by either building a suitable database in-house or in the case of LA-YES, purchasing a compatible commercial data management system. In each of these cases, efforts have been made to make sure that whatever system is being used, its structure and data formats are compatible with OMH-IIS such that key clinical information can be uploaded to OMH-IIS which is the primary repository of this information for OMH.

According to the *2008 Annual Estimates of the Resident Population 7/1/2008 State Characteristics, Population Estimates Division, U.S. Census Bureau (released May 14, 2009),* the total number of adults in Louisiana is 3,302,823. Of these, according to national benchmarks, 2.6% are expected to have Serious Mental Illness (SMI). That translates into a total of 85,873 adults with serious mental illness (SMI) in Louisiana based on national prevalence rates. According to the same census report, the total number of children and youth in Louisiana is 1,107,973. Of these, according to national benchmarks, 9% are expected to have an Emotional or Behavioral Disorder (EBD). That translates into a total of 99,718 children and youth with an EBD in Louisiana based on national prevalence rates. Of this number, it is expected that between 20,000 and 40,000 should be served by the public mental health system including the Medicaid Agency mental health rehabilitation program.

Statistics show that 38,544 adults with SMI received outpatient services under the OMH umbrella in FY 2009 through both Community Mental Health Clinics and the Mental Health Rehabilitation (MHR) program. The Mental Health Rehab (MHR) program served 2,182 adults in FY 2009. Of the total number of adults served, both with and without SMI (48,359), 80% met the definition of Seriously Mentally Ill (SMI). Statistics show that 12,680 children and youth with EBD received outpatient services under the OMH umbrella in FY 2009 through both Community Mental Health Clinics and the Mental Health Rehabilitation (MHR) program. The MHR program served 5,205 children and youth. Of the total number of children and youth served (15,141), 84% met the definition of EBD.

As has been true since the hurricanes, many individuals who were in acute crises were seen in CMHCs as a result of the aftermath of the hurricanes, and did not meet the more strict criteria of SMI or EBD. Strict comparisons between years are not feasible since some years Jefferson Parish Human Services Authority (JPHSA) data is included, and other years it is not; due to changes in the data systems.

As the term is used in Louisiana, SMI is a national designation that includes only those individuals suffering from the most severe forms of mental illness. EBD is a national designation for children/ youth that includes only those individuals suffering from the most severe forms of mental illness. Those who have any type of mental illness would increase the population figures, but not the

numbers of individuals served, since Louisiana's outpatient mental health facilities are designated to serve only those adults with SMI and children and youth with EBD. Therefore, individuals with SMI/ EBD are considered to be the target population for these programs. These numbers reflect an unduplicated count within regions and LGEs.

Louisiana OMH Community Mental Health Clinics
ADULTS – CMHC PERSONS SERVED
UNDUPLICATED WITHIN REGIONS/LGEs FY0809

Regions / LGEs	Adults with SMI Served (persons served)	Total Adults Served	% SMI
MHSD	6,539	9,899	66%
CAHSD	5,476	6,490	84%
REG 03	5,629	6,378	88%
REG 04	4,152	5,061	82%
REG 05	1,235	1,454	85%
REG 06	1,882	2,846	66%
REG 07	2,137	2,315	92%
REG 08	2,579	2,694	96%
FPHSA	3,267	3,521	93%
JPHSA	3,466	5,519	63%
MHR	2,182	2,182	100%
TOTAL	38,544	48,359	80%

Data Source: ARAMIS, JPHSA, MHR

Louisiana OMH Community Mental Health Clinics
CHILD/YOUTH – CMHC PERSONS SERVED
UNDUPLICATED WITHIN REGIONS/LGEs FY0809

Regions / LGEs	Children/Youth with EBD Served (persons served)	Total Children/Youth Served	% SMI
REG 01 CHILD/YOUTH CLINICS	737	956	77%
MHSD	21	63	33%
CAHSD	2272	2631	86%
REG 03	261	294	89%
REG 04	706	868	81%
REG 05	220	248	89%
REG 06	323	636	51%
REG 07	774	814	95%
REG 08	269	285	94%
FPHSA	863	959	90%
JPHSA	1029	2182	47%
MHR	5205	5205	100%
TOTAL	12680	15141	84%

Data Source: ARAMIS, JPHSA, and MHR

Data Definitions & Methodology

SMI and EBD Definitions: OMH population definitions follow the national definition. However, Louisiana uses the designation SMI for what is more usually referred to as SPMI. SMI (SPMI) is a national designation that includes only those individuals suffering from the most severe forms of mental illness.

Estimation Methodology: OMH uses the CMHS estimation methodology, applying the national prevalence rates for SMI (2.6%) and EBD (9%) directly to current general population counts to arrive at the estimated prevalence of targeted persons to be served. This method has been used since the revised rates were published in 1996.

Admissions: Number of clients that have been admitted during the time period.

Caseload/ Census: Active clients on a specified date. Caseload assumes that when a case is no longer active, it is closed.

Discharges: Number of clients that have been discharged during the time period.

Persons Served: The number of clients that had an active case for at least one day during the time period. Persons served is the combination of the number of active clients on the first day of the time period along with the number of admissions during the time period.

Persons Receiving Services: (CMHC only) The number of clients who received at least one service at a CMHC during the time period. This includes CONTACTS who are not admitted.

Unduplicated: Counts individual clients only once even if they appear multiple times during the time period.

Duplicated: Duplicated counts episodes of care, where clients are counted multiple times if they appear in the same time period multiple times.

Note: The duplicated number must always equal or be larger than the unduplicated number.

Adult Target Population

An adult who has a serious and persistent mental illness meets the following criteria for *Age*, *Diagnosis, Disability*, and *Duration.*

Age: 18 years of age or older

Diagnosis: Severe non-organic mental illnesses including, but not limited to schizophrenia, schizo-affective disorders, mood disorders, and severe personality disorders, that substantially interfere with a person's ability to carry out such primary aspects of daily living as self-care, household management, interpersonal relationships and work or school.

Disability: Impaired role functioning, caused by mental illness, as indicated by at least two of the following functional areas:

1. Unemployed or has markedly limited skills and a poor work history, or if retired, is unable to engage in normal activities to manage income.
2. Employed in a sheltered setting.

3. Requires public financial assistance for out-of-hospital maintenance (i.e., SSI) and/or is unable to procure such without help; does not apply to regular retirement benefits.
4. Severely lacks social support systems in the natural environment (i.e., no close friends or group affiliations, lives alone, or is highly transient).
5. Requires assistance in basic life skills (i.e., must be reminded to take medicine, must have transportation arranged for him/her, needs assistance in household management tasks).
6. Exhibits social behavior which results in demand for intervention by the mental health and/or judicial/legal system.

Duration: Must meet at least one of the following indicators of duration:

1. Psychiatric hospitalizations of at least six months in the last five years (cumulative total).
2. Two or more hospitalizations for mental disorders in the last 12 month period.
3. A single episode of continuous structural supportive residential care other than hospitalization for a duration of at least six months.
4. A previous psychiatric evaluation or psychiatric documentation of treatment indicating a history of severe psychiatric disability of at least six months duration.

OMH is in the process of revising and refining the definition of the Target Population to include such things as clients' functional status.

Child/Youth Target Population

A child or youth who has an emotional/behavioral disorder meets the following criteria for Age, Diagnosis, Disability, and Duration as agreed upon by all Louisiana child serving agencies.

Note: For purposes of medical eligibility for Medicaid services, the child/youth must meet the criteria for diagnosis as contained in Item 4 of the Diagnosis Section below; Age and Disability must be met as described below; Duration must be met as follows: Impairment or patterns of inappropriate behavior which have/has persisted for at least three months and will persist for at least a year.

Age: Under age 18

Diagnosis: Must meet one of the following:

1. Exhibit seriously impaired contact with reality, and severely impaired social, academic, and self-care functioning, whose thinking is frequently confused, whose behavior may be grossly inappropriate and bizarre, and whose emotional reactions are frequently inappropriate to the situation; or,
2. Manifest long-term patterns of inappropriate behaviors, which may include but are not limited to aggressiveness, anti-social acts, refusal to accept adult requests or rules, suicidal behavior, developmentally inappropriate inattention, hyperactivity, or impulsiveness; or
3. Experience serious discomfort from anxiety, depression, or irrational fears and concerns whose symptoms may include but are not limited to serious eating and/or sleeping disturbances, extreme sadness, suicidal ideation, persistent refusal to attend school or excessive avoidance of unfamiliar people, maladaptive dependence on parents, or non-organic failure to thrive; or
4. Have a DSM-IV (or successor) diagnosis indicating a severe mental disorder, such as, but not limited to psychosis, schizophrenia, major affective disorders, reactive attachment disorder of infancy or early childhood (non-organic failure to thrive), or severe conduct disorder. This category does not include children/youth who are

socially maladjusted unless it is determined that they also meet the criteria for emotional/behavior disorder.

Disability: There is evidence of severe, disruptive and/or incapacitating functional limitations of behavior characterized by at least two of the following:

1. Inability to routinely exhibit appropriate behavior under normal circumstances;
2. Tendency to develop physical symptoms or fears associated with personal or school problems;
3. Inability to learn or work that cannot be explained by intellectual, sensory, or health factors;
4. Inability to build or maintain satisfactory interpersonal relationships with peers and adults;
5. A general pervasive mood of unhappiness or depression;
6. Conduct characterized by lack of behavioral control or adherence to social norms which is secondary to an emotional disorder. If all other criteria are met, then children determined to be "conduct disordered" are eligible.

Duration: Must meet at least one of the following:

1. The impairment or pattern of inappropriate behavior(s) has persisted for at least one year;
2. There is substantial risk that the impairment or pattern or inappropriate behavior(s) will persist for an extended period;
3. There is a pattern of inappropriate behaviors that are severe and of short duration.

OMH is in the process of revising and refining the definition of Target Population to include such things as clients' functional status.

Louisiana Population and Prevalence Estimates

Over the last several years, Louisiana population figures have been extremely difficult to estimate based on the mass evacuations and relocations following Hurricanes Katrina and Rita in 2005, and Hurricanes Gustav and Ike in 2008. Overall, the population of the State continues to be slightly less than prior to the 2005 storms. Initially, people evacuated from the state due to loss of homes and infrastructure. Since that time, some citizens have left the state due to dissatisfaction with the rebuilding efforts and other problems resulting from the 2005 and the 2008 storms. Population figures continue to be in flux, making estimates difficult and somewhat unreliable. Within the state, the parishes hardest hit by the hurricanes have generally experienced an overall decrease in population, while some other parishes have experienced an increase in population.

The *2005 American Community Survey Gulf Coast Area Data Profiles: September through December, 2005 (revised July 19, 2006)* was released in an attempt to measure the population post – hurricanes, and at that time there had been a dramatic loss in population. There were estimated to be 3,688,996 individuals in Louisiana (2,742,070 adults, and 945,926 children). The Population Division of the US Census Bureau recently published the *Annual Estimates of the Resident Population by Single-Year 7/1/2008 - State Characteristics Population Estimates (Released May 14, 2009)*. The more recent data is listed in the tables below. A comparison of these sets of figures shows that the trend is for Louisiana's population to once again increase, although not yet up to pre-2005 levels. The 2008 numbers indicate that there were 4,410,796 persons living in the state, down from the 2000 Census that reported that there were a total of 4,468,978 persons living in Louisiana.

Estimates of the prevalence of mental illness within the state, parishes, regions, and LGEs for Adults and Children/ youth are shown in the following tables. Caution should be used when utilizing these figures, as there is much population movement and the figures may not be entirely reliable.

PREVALENCE ESTIMATES*

July 1, 2008 - (Released May 14, 2009)

	Child/ Youth 9%		Adult 2.6%		Total	
Louisiana	Pop Count	Prev Count	Pop Count	Prev Count	Pop Count	Prev Count
State-wide	1,107,973	99,718	3,302,823	85,873	4,410,796	185,591

* CO-EST2008-alldata: Annual Resident Population Estimates: Annual State Population Estimates by Demographic. File: 7/1/2008 County Population Estimates Source: Population Division, US Census Bureau. Release Date: May 14, 2009. http://www.census.gov/popest/datasets.html.

Prev. Count = Estimated Prevalence Count (2.6% Adults*, 9%Children**) Adult =18 Years of Age and Older
Child/Youth =17 Years of Age and Younger
* Source for Adult prevalence estimate: Kessler, R.C., et al. The 12-Month Prevalence and Correlates of Serious Mental Illness (SMI). Mental Health, United States, 1996. U.S. Department of Health and Human Services pp. 59-70.
** Source for Child prevalence estimate: Friedman, R.M. et al. Prevalence of Serious Emotional Disturbance in Children and Adolescents. Mental Health, United States, 1996. U.S. Department of Health and Human Services pp 71-89.

Please note: Louisiana uses the designation SMI for what is more usually referred to as SPMI.
SMI (SPMI) is a national designation that includes only those individuals suffering from the most severe forms of mental illness. Those who have all types of mental illness would increase the population figures, but would not increase the numbers of individuals served since Louisiana's facilities are designated to serve those with SMI (SPMI).

Estimated State Population and Estimated Prevalence of Adults with Serious Mental Illness and Child/Youth with Emotional Behavioral Disorders by Region/District and Parish (July 1, 2008 Pop Est)*

REGION/ DISTRICT	PARISH	CHILD/ YOUTH (Under 18) POPULATION ESTIMATE	CHILD/ YOUTH (Under 18) PREVALENCE ESTIMATE	ADULT (Age 18 and Above) POPULATION ESTIMATE	ADULT (Age 18 and Above) PREVALENCE ESTIMATE	TOTAL POPULATION ESTIMATE JULY 1, 2008	TOTAL PREVALENCE ESTIMATE
1- METROPOLITAN HUMAN SERVICE DISTRICT	Orleans	64,171	5,775	247,682	6,440	311,853	12,215
	Plaquemines	5,594	503	15,682	408	21,276	911
	St. Bernard	7,613	685	30,109	783	37,722	1,468
Total for 1- MSHD		77,378	6,964	293,473	7,630	370,851	14,594
2- CAPITAL AREA HUMAN SERVICE DISTRICT	Ascension	29,423	2,648	72,366	1,882	101,789	4,530
	East Baton Rouge	106,487	9,584	321,873	8,369	428,360	17,953
	East Feliciana	4,716	424	16,158	420	20,874	845
	Iberville	7,716	694	24,829	646	32,545	1,340
	Pointe Coupee	5,383	484	17,018	442	22,401	927
	West Baton Rouge	5,732	516	16,821	437	22,553	953
	West Feliciana	2,362	213	12,641	329	15,003	541
Total for 2 - CAHSD		161,819	14,564	481,706	12,524	643,525	27,088
Region 3	Assumption	5,489	494	17,392	452	22,881	946
	Lafourche	22,558	2,030	70,014	1,820	92,572	3,851
	St. Charles	13,494	1,214	38,053	989	51,547	2,204
	St. James	5,431	489	15,800	411	21,231	900
	St. John the Baptist	13,344	1,201	33,650	875	46,994	2,076
	St. Mary	13,433	1,209	37,650	979	51,083	2,188
	Terrebonne	29,135	2,622	79,441	2,065	108,576	4,688
Total for Region 3		102,884	9,260	292,000	7,592	394,884	16,852
Region 4	Acadia	16,505	1,485	43,565	1,133	60,070	2,618
	Evangeline	9,633	867	25,991	676	35,624	1,543
	Iberia	20,392	1,835	54,705	1,422	75,097	3,258
	Lafayette	53,354	4,802	153,622	3,994	206,976	8,796
	St. Landry	24,801	2,232	67,372	1,752	92,173	3,984
	St. Martin	13,687	1,232	38,410	999	52,097	2,230
	Vermilion	14,371	1,293	41,725	1,085	56,096	2,378
Total for Region 4		152,743	13,747	425,390	11,060	578,133	24,807

Estimated State Population and Estimated Prevalence of Adults with Serious Mental Illness and Child/Youth with Emotional Behavioral Disorders by Region/District and Parish (July 1, 2008 Pop Est)*

REGION/ DISTRICT	PARISH	CHILD/ YOUTH (Under 18) POPULATION ESTIMATE	CHILD/ YOUTH (Under 18) PREVALENCE ESTIMATE	ADULT (Age 18 and Above) POPULATION ESTIMATE	ADULT (Age 18 and Above) PREVALENCE ESTIMATE	TOTAL POPULATION ESTIMATE JULY 1, 2008	TOTAL PREVALENCE ESTIMATE
Region 5	Allen	5940	535	19695	512	25635	1,047
	Beauregard	8,933	804	26,045	677	34,978	1,481
	Calcasieu	47,702	4,293	137,916	3,586	185,618	7,879
	Cameron	1,497	135	5,741	149	7,238	284
	Jefferson Davis	8,304	747	22,959	597	31,263	1,344
Total for Region 5		72,376	6,514	212,356	5,521	284,732	12,035
Region 6	Avoyelles	10,735	966	31,625	822	42,360	1,788
	Catahoula	2,456	221	8,066	210	10,522	431
	Concordia	4,770	429	14,294	372	19,064	801
	Grant	5,135	462	14,839	386	19,974	848
	La Salle	3,391	305	10,671	277	14,062	583
	Rapides	34,206	3,079	98,925	2,572	133,131	5,651
	Vernon	14,390	1,295	31,249	812	45,639	2,108
	Winn	3,380	304	12,028	313	15,408	617
Total for Region 6		78,463	7,062	221,697	5,764	300,160	12,826
Region 7	Bienville	3456	311	11272	293	14728	604
	Bossier	29,996	2,700	80,254	2,087	110,250	4,786
	Caddo	63,910	5,752	188,985	4,914	252,895	10,666
	Claiborne	3,373	304	12,769	332	16,142	636
	De Soto	6,698	603	19,690	512	26,388	1,115
	Natchitoches	9,811	883	29,765	774	39,576	1,657
	Red River	2,477	223	6,641	173	9,118	396
	Sabine	5,900	531	17,788	462	23,688	993
	Webster	9,430	849	31,324	814	40,754	1,663
Total for Region 7		135,051	12,155	398,488	10,361	533,539	22,515

Estimated State Population and Estimated Prevalence of Adults with Serious Mental Illness and Child/Youth with Emotional Behavioral Disorders by Region/District and Parish (July 1, 2008 Pop Est)*

REGION/ DISTRICT	PARISH	CHILD/ YOUTH (Under 18) POPULATION ESTIMATE	CHILD/ YOUTH (Under 18) PREVALENCE ESTIMATE	ADULT (Age 18 and Above) POPULATION ESTIMATE	ADULT (Age 18 and Above) PREVALENCE ESTIMATE	TOTAL POPULATION ESTIMATE JULY 1, 2008	TOTAL PREVALENCE ESTIMATE
Region 8	Caldwell	2,326	209	8,027	209	10,353	418
	East Carroll	2,178	196	5,988	156	8,166	352
	Franklin	5,011	451	14,995	390	20,006	841
	Jackson	3,504	315	11,687	304	15,191	619
	Lincoln	9,084	818	33,477	870	42,561	1,688
	Madison	3,371	303	8,419	219	11,790	522
	Morehouse	6,968	627	21,634	562	28,602	1,190
	Ouachita	39,586	3,563	110,465	2,872	150,051	6,435
	Richland	5,213	469	15,288	397	20,501	867
	Tensas	1,285	116	4,409	115	5,694	230
	Union	5,492	494	17,200	447	22,692	941
	West Carroll	2,565	231	8,930	232	11,495	463
Total for Region 8		86,583	7,792	260,519	6,773	347,102	14,566
9-FLORIDA PARISHES HUMAN SERVICES AUTHORITY	Livingston	32,932	2,964	87,324	2,270	120,256	5,234
	St. Helena	2,523	227	8,023	209	10,546	436
	St.Tammany	59,124	5,321	169,332	4,403	228,456	9,724
	Tangipahoa	30,920	2,783	86,081	2,238	117,001	5,021
	Washington	11,727	1,055	33,703	876	45,430	1,932
Total for 9-FPHSA		137,226	12,350	384,463	9,996	521,689	22,346
10-JEFFERSON PARISH HUMAN SERVICES AUTHORITY	Jefferson	103,450	9,311	332,731	8,651	436,181	17,962
Total for 10-JPHSA		103,450	9,311	332,731	8,651	436,181	17,962
GRAND TOTAL		1,107,973	99,718	3,302,823	85,873	4,410,796	185,591

CO-EST2008-alldata: Annual Resident Population Estimates: Annual State Population Estimates by Demographic. File: 7/1/2008 County Population Estimates
Source: Population Division, US Census Bureau. Release Date: May 14, 2009. http://www.census.gov/popest/datasets.html.
Prev. Count = Estimated Prevalence Count (2.6% Adults*, 9% Children/ Youth**)

**Source for Adult prevalence estimate: Kessler, R.C., et al. The 12-month Prevalence and Correlates of Serious Mental Illness (SMI). Mental Health, United States, 1996. US Department of Health and Human Services pp. 59-70.*

***Source for Child prevalence estimate: Friedman, R.M., et al. Prevalence of Serious Emotional Disturbance in Children and Adolescents. Mental Health, United States, 1996. US Department of Health and Human Services pp. 71-89.*

Please Note: Louisiana uses the designation SMI for what is more usually referred to as SPMI. SMI (SPMI) is a national designation that includes only those individuals suffering from the most severe forms of mental illness. Those who have all types of mental illness would increase the population figures, but would not increase the numbers of individuals served since Louisiana's facilities are designated to serve those with SMI (SPMI).

POPULATION STATISTICS
FY 2010 - ADULT & C/ Y PLAN

POPULATION BY AGE

State's Population By Age Range*		
Age Range	**Number of Persons**	**Percentage of State's Population**
0-17	1,107,973	25%
18+	3,302,823	75%
TOTAL	4,410,796	100%

*Based on Annual Resident Population Estimates: Annual State Population Estimates by Demographic. File: 7/1/2008 County Population Estimates Source: Population Division, US Census Bureau. Release Date: May 14, 2009.

LOUISIANA OMH COMMUNITY MENTAL HEALTH CLINICS DATA UNDUPLICATED COUNT OF PERSONS RECEIVING SERVICES FROM JULY 1, 2008 TO JUNE 30, 2009 (ARAMIS & JPHSA)

	UNDUPLICATED PERSONS RECEIVING SERVICES		
	CHILD (0-17)	**ADULT (18+)**	**TOTAL**
REGION/LGE			
REGION 1 CHILD/YOUTH CLINICS	784	.	784
MHSD	27	7,396	7,423
CAHSD	2,246	6,196	8,442
REGION 3	377	6,201	6,578
REGION 4	674	4,747	5,421
REGION 5	274	1,627	1,901
REGION 6	684	2,725	3,409
REGION 7	915	2,474	3,389
REGION 8	397	3,434	3,831
FPHSA	1,485	5,638	7,123
JPHSA	2,496	4,974	7,470
TOTAL	10,359	45,412	55,771

Data Source: ARAMIS and JPHSA Run Date: 8/25/09

Persons receiving services is the number of clients who received at least one service at CMHC during the time period. This includes CONTACTS who are not admitted.

*CAHSD data includes School-based Services.

INPATIENT & OUTPATIENT CASELOAD ON JUNE 30, 2009 WITH SMI/EBD; PERCENTAGE OF SMI/EBD

CASELOAD ON June 30, 2009 CMHC/PIP	ADULT: SMI CHILD: SED		OTHER		
	COUNT	Percent SMI/ EBD	COUNT	Percent Other	TOTAL
Age 0-17	4,317	69	1,903	31	6,220
Age 18+	29,189	77	8,540	23	37,729
.	8	36	14	64	22
TOTAL	33,512	76	10,455	24	43,967

Data from CMHC ARAMIS, PIP and JPHSA

NOTE: Prior to the FY 2009 MHBG, totals have not included data from Jefferson Parish Human Service Authority (not available)

CMHC ADULT CASELOAD SIZE ON LAST DAY OF FY2008 & FY2009

	FY07-08			FY08-09		
	Age 18-64	Age 65+	TOTAL 18+	Age 18-64	Age 65+	TOTAL 18+
REGION						
CAHSD	4642	283	4925	4708	284	4992
SCLMHA	4615	286	4901	5122	284	5406
Region 4	3506	165	3671	3769	176	3945
Region 5	962	36	998	846	29	875
Region 6	1922	83	2005	2110	93	2203
Region 7	1578	79	1657	1535	48	1583
Region 8	1793	89	1882	1934	90	2024
FPHSA	2470	135	2605	2455	134	2589
JPHSA	2620	95	2715	4508	128	4636
MHSD	7177	307	7484	9101	378	9479
TOTAL	31285	1558	32843	36088	1644	37732

Data from CMHC ARAMIS and JPHSA

CMHC CHILD/ YOUTH CASELOAD SIZE ON LAST DAY OF FY2008 & FY2009

	FY07-08			FY08-09		
	Age 0-11	Age 12-17	TOTAL 0-17	Age 0-11	Age 12-17	TOTAL 0-17
REGION						
Region 1 (Child/Youth Clinics)	255	247	502	321	299	620
CAHSD	700	833	1533	859	876	1735
SCLMHA	42	90	132	65	150	215
Region 4	180	274	454	237	272	509
Region 5	37	81	118	56	72	128
Region 6	138	172	310	154	213	367
Region 7	178	232	410	146	216	362
Region 8	62	121	183	69	99	168
FPHSA	279	263	542	294	288	582
JPHSA	388	494	882	601	893	1494
MHSD	4	8	12	4	8	12
TOTAL	2263	2815	5078	2806	3386	6192

Data from CMHC ARAMIS and JPHSA (tc 8/24/09)

CASELOAD SERVED BY OMH COMPARED TO PREVALENCE ESTIMATES AND CENSUS DATA FY 2010 - ADULT & CHILD/ YOUTH PLAN

Age Range	LA Population Estimated*	National Prevalence Rate	Est. Number of persons in LA Population with SMI/EBD
Child/ Youth* 0-17	1,107,973	9%	1,107,973 X .09= **99,718**
Adult 18+**	3,302,823	2.6%	3,302,823 X .026= **85,873**
Total	4,410,796	-----	**185,591**

*Based on Annual Resident Population Estimates: Annual State Population Estimates by Demographic. File: 7/1/2008 County Population Estimates Source: Population Division, US Census Bureau. Release Date: May 14, 2009.

Age Range	Est. Number of persons in LA population with SMI/EBD	Number of Persons with SMI/EBD in OMH Caseload*	Louisiana Percent of Prevalence Served*
Child/ Youth 0-17	**99,718**	4,317	4,317 / 99,718= **4.3 %**
Adult 18+	**85,873**	29,189	29,189 / 85,873= **33.9 %**
Total	**185,591**	33,512	33,512 / 185,591= **18.1 %**

PLEASE NOTE: These figures do not include persons seen in the offices of private practitioners. These figures do not include persons seen in the Mental Health Rehab programs, which served 2,182 adults and 5,205 children and youth.

Prev. Count = Estimated Prevalence Count (2.6% Adults*, 9%Children**) Adult =18 Years of Age and Older
Child/Youth =17 Years of Age and Younger
* Source for Adult prevalence estimate: Kessler, R.C., et al. The 12-Month Prevalence and Correlates of Serious Mental Illness (SMI). Mental Health, United States, 1996. U.S. Department of Health and Human Services pp. 59-70.
** Source for Child prevalence estimate: Friedman, R.M. et al. Prevalence of Serious Emotional Disturbance in Children and Adolescents. Mental Health, United States, 1996. U.S. Department of Health and Human Services pp 71-89.

Please note: Louisiana uses the designation SMI for what is more usually referred to as SPMI.
SMI (SPMI) is a national designation that includes only those individuals suffering from the most severe forms of mental illness. Those who have all types of mental illness would increase the population figures, but would not increase the numbers of individuals served since Louisiana's facilities are designated to serve those with SMI (SPMI).

CRITERION 2
MENTAL HEALTH SYSTEM DATA EPIDEMIOLOGY – QUANTITATIVE TARGETS
LOUISIANA FY 2010 ADULT & CHILD/ YOUTH PLAN

Setting quantitative goals to be achieved for the numbers of adults who are seriously mentally ill and children and youth who are emotionally or behaviorally disordered, who are served in the public mental health system is a key requirement of the mental health block grant law. These numbers also relate directly to the *President's New Freedom Commission Report,* Goal # 4, Early Mental Health Screening, Assessment, & Referral to Services Are Common Practice.

The Office of Mental Health has set a goal to increase access to mental health services to persons with SMI/ EBD. Quantitatively, this means increasing the numbers of new admissions of persons with SMI/ EBD. Quantitative targets relate to the National Outcome Measure (NOMS) Performance Indicator "Increased Access to Services". Louisiana reported this indicator in the past as the percentage of prevalence of adults who have a serious mental illness who receive mental health services from the Office of Mental Health during the fiscal year. The measure of the NOMS is now being requested to be reported as simply the number of persons who have a mental illness and receive services.

The figures below should be interpreted with caution due to fluctuations and inaccuracies in population figures following the hurricanes of 2005. After Hurricane Katrina/ Rita the population of the state decreased, and efforts to reach the SMI population intensified. Through these efforts it appears that the percent of prevalence in years after Hurricane Katrina/ Rita increased somewhat. Perhaps more than any other criteria, the Indicators for Criterion #2 continue to be the most difficult to predict or plan for. Post- hurricanes, it is difficult to determine a baseline upon which to estimate the outcomes for this Criterion.

ADULT POPULATION

Previously, the measure was reported as a percentage:

- Numerator: Estimated unduplicated count of adults who have serious mental illness and who receive mental health services during the fiscal year (7/1-6/30) in an OMH community or inpatient setting.
- Denominator: Estimated prevalence of adults in Louisiana with serious mental illness during a twelve month period.

These figures for the Adult population for each of the preceding years were:

FY 2004 23,954/ 84,475 X 100 = 28.36%
FY 2005 25,297/ 84,475 X 100 = 29.95%
FY 2006 24,667/ 71,294 X 100 = 34.6%
FY 2007 25,604/ 71,294 X 100 = 35.9%
FY 2008 27,619/ 83,555 X 100 = 33.05%
FY 2009 29,189 / 85,873 X 100 = 33.9%

CHILD/ YOUTH POPULATION

Previously, the measure was reported as a percentage:

- Numerator: Estimated unduplicated count of children / youth who have serious mental illness and who receive mental health services during the fiscal year (7/1-6/30) in an OMH community or inpatient setting.
- Denominator: Estimated prevalence of children / youth in Louisiana with serious mental illness during a twelve month period.

These figures for the C/Y population for each of the preceding years were:

FY 2004 3,571/ 109,975 X 100 = 3.25%
FY 2005 3,765/ 109,975 X 100 = 3.43%
FY 2006 3,552/ 85,223 X 100 = 4.17%
FY 2007 3,818/ 85,223 X 100 = 4.5%
FY 2008 4,286/ 97,160 X 100 = 4.4%
FY 2009 4,317 / 99,718 X 100 = 4.3 %

- For specific information on the quantitative targets that are now reported only as the unduplicated count of adults (i.e., the Numerator only) who have serious mental illness and who receive mental health services during the fiscal year (7/1-6/30) in an OMH community or inpatient setting see the Performance Indicator section of this document.

CRITERION 3
CHILDREN'S SERVICES -- SYSTEM OF INTEGRATED SERVICES
FY 2010 – Child/Youth

EMERGENCY RESPONSE

Louisiana Spirit Hurricane Recovery Crisis Counseling Program (CCP) - Child and Youth Services

Louisiana Spirit is the project name of Louisiana's hurricane crisis counseling recovery program that began after the 2005 hurricanes and is currently operating under the Gustav Crisis Counseling Program (CCP) grant. It provides short-term, community-based crisis intervention, support, and referral services to individuals and families impacted by Hurricane Gustav. The Office of Mental Health provides administrative oversight and guidance for this program. Direct services are currently provided via quasi-state entities. The regional entities are designated as Service Areas 1-7, with each area covering specific parishes. Louisiana Spirit outreach crisis counseling services for children and youth include disseminating information and educating the public on signs of distress and how to handle these. It can also include a short term series of face to face meetings with children, youth and their families focused on assisting the family to cope with their trauma and return to their previous levels of coping. Crisis counselors provide education and information to parents and caregivers about signs of distress to be aware of in children as well as how to handle them and referrals to appropriate Mental Health resources. On a present-focused, short-term basis, children, youth, parents and caregivers are supported and empowered as they recover from the impact of the hurricane. Although outreach crisis counseling services are community based, the services are not appropriate for life threatening or mandated reporting situations.

Under the Gustav grant, some of the children being provided Crisis Counseling Program Services have transitioned into Specialized Crisis Counseling Services (SCCS) to assist in meeting their ongoing psychosocial and educational needs. Counselors provide basic psycho-education sessions on coping, problem solving, social skills, anger management, trauma reactions, conflict management, adjustment, and other identified skill development areas of which children require more intensive support.

The Specialized Crisis Counseling component of Louisiana Spirit's CCP has been instrumental in focusing counseling and resource linkage efforts on specific needs of children and their families. This program has afforded children and their families opportunities to deal more assertively with the various problems that are hurricane related or problems that have been exacerbated by the hurricane experience. The approach by counselors and resource linkage coordinators has been one of a strengths-based, empowerment and solution-focused approach. Children and their families are taught the necessary skills needed to deal effectively with the various problems they present with and how to work on manageable goals that will enhance their current overall wellbeing while moving them closer to improved psychosocial and emotional recovery.

Louisiana Spirit seeks to "communicate, coordinate, collaborate, cooperate*" with other agencies providing mental and behavioral health services to children and youth (*used by the VOADs groups - Volunteer Organizations Active in Disasters). Louisiana Spirit reaches out to entities providing services to children and youth to offer crisis counseling services on a short-term basis. When more

intense mental health treatment is appropriate, referrals are made to these entities by Louisiana Spirit. Child and youth agency providers are also referring children and youth needing hurricane related crisis counseling and support to Louisiana Spirit.

Resource linkage coordinators and crisis counselors have reached out to children in a variety of places since the inception of the program. Some of the places included: the FEMA transitional living sites, schools, after school programs, summer camp programs, library summer reading & activity programs, summer youth activities such as ball parks, fairs and festivals that included children's activities and issues, church youth groups, organizations like scouting and boys and girls clubs. Methods have included: purposeful play activities focused on handling intense emotions like fear, anxiety, anger, and sadness, as well as increasing children and youth's coping skills. Education has also been offered on the connections between thoughts, feelings and behaviors and how making changes in one area impacts another area. Some of the children report using their 'magic triangle' of thoughts, feelings and behaviors to manage their feelings and behaviors: frequently holding their thumbs and forefingers in a triangle shape as a portable visual reminder.

Louisiana Spirit completed 895 individual crisis counseling (ICC) sessions with children and youth ages zero to 17 years between October 2008 and May 2009. 815 (91%) of these sessions were identified as first visits, which is the best estimator of unique individuals seen during ICC sessions. Over half (57%) of the ICC sessions were with females and 43% were with males. Of these sessions, most were with children and youth identified as black (68%) or white (23%), but 4% were American Indian and 3% were identified as multiple races. Almost half of the sessions (49%) took place in people's homes, while approximately one fourth (26%) took place in schools. Over half (51%) of the children and youth seen during ICC sessions had experienced at least four of the 16 risk factors identified on the ICC encounter form. Most of the children and youth (93%) received at least one referral for additional resources or services, including additional crisis counseling program (CCP) services. Most received one (63%) or two (24%) types of referrals, with other crisis counseling services being the most common type of referral made during ICC sessions (55%). The second most common type of referral made was for disaster services (47%). Referrals for mental health services were made during 17% of the ICC sessions, and referrals for substance abuse services were made during 2% of all sessions. One in ten sessions (10%) resulted in a referral for other types of services, such as medical care; resources to meet basic needs; social skills or self-esteem development education; or child and youth organizations such as the Boy Scouts, the Girl Scouts, YMCA, and the Boys and Girls Club.

The CCP group encounter form does not capture information about individual participants in group sessions. However, it does indicate if there is a common identify among participants. Based on this information, there were 267 group sessions completed where the common identity was an individual within the child or youth age range. Specifically, 21 sessions were with children age zero to five years, 126 sessions were with children age six to 11 years, and 120 sessions were with youth age 12 to 17. A total of 2,252 participants attended those group sessions.

Federal funding for Louisiana Spirit Crisis Counseling Program for the Gustav grant from FEMA will be ending January 12, 2010.

SOCIAL SERVICES
FY 2010 – Child/Youth

The Children's Cabinet is a policy office in the Office of the Governor created by Act 5 of the 1998 Extraordinary Session of the Louisiana Legislature. The Cabinet's primary function is to coordinate children's policy across the five departments that provide services for young people: Departments of Education, Health and Hospitals, the Louisiana Workforce Commission, Public Safety and Corrections, and Social Services. Each year, the Cabinet makes recommendations to the Governor on funding priorities for new and expanded programs for children and youth. These programs emphasize the *President's New Freedom Commission on Mental Health* goals to have disparities in mental health services eliminated and to ensure that mental health care is consumer and family driven.

The Cabinet is responsible for recommendations to the Children's Budget, a separate section of the General Appropriation Act enacted by the Legislature. The Children's Budget includes a compilation and listing of all appropriations contained in the Act which fund services and programs for children and their families. The Children's Cabinet Advisory Board was created to provide information and recommendations from the perspective of advocacy groups, service providers, and parents to the Children's Cabinet.

Interagency collaboration through the Interagency Service Coordination (ISC) Program is defined as "formal arrangements" between child serving agencies. Ten Local Governing Entities (Regions/Districts) Interagency Service Coordination teams are currently operating in Louisiana. These teams include permanent members who make recommendations that may resolve problems with service delivery for children who have unique needs that are difficult to meet. Team members include mental health, education, developmental disabilities, child welfare, public health, and juvenile justice. Other members of a team include the parent/caretaker, child/youth whenever appropriate, and other key person's involved in the child and family's life and services. The local teams may request assistance from the State Interagency Team for individuals who require resources unavailable to the local ISCs. Many of the families served reside in rural areas with few mental health and other resources, and the agencies coordinate to improve access to quality care in many ways including video conferencing, coordinated services, and educating families where and how to get care.

There is an increase in youth with multiple needs who are developmentally delayed, mentally ill, chemically addicted and who are living in poverty. More juvenile judges are ordering local ISC teams to meet and collaborate with other agencies to create appropriate placements where there are none. Approximately 95% of the ISC service plans successfully provide a stable placement and wraparound services to maintain the individual in the community. Those plans that failed required additional local ISC and State ISC meetings to locate and create appropriate resources to meet the needs of these youth.

The Families In Need of Services (FINS) became effective in all courts having juvenile jurisdiction on July 1, 1994, as Title VII of the Louisiana Children's Code. FINS is an approach designed to bring together coordinated community resources for the purpose of helping families (troubled youth and their parents) to remedy self destructive behaviors by juveniles and/or other family members. The goals of FINS are to reduce formal juvenile court involvement while generating appropriate

community services to benefit the child and improve family relations. The child and family are not adjudicated unless there is failure by family members to cooperate with the mandates of the service plan. FINS has been successful in the following ways: 1) facilitating the receipt of needed services, 2) coordinating the cooperation of the community and its resources, and 3) decreasing involvement in the Judicial System.

FINS parallels Interagency Service Coordination (ISC) by creating an opportunity for all agencies to pool resources to decrease illegal behavior by youth. FINS and ISC combine their efforts to create unique plans for youth and push to transform the existing system of care. OMH participates in these interagency meetings as one means of decreasing the high profile, high risk court cases tracked by the Juvenile Justice Clearinghouse.

EDUCATIONAL SERVICES, INCLUDING SERVICES PROVIDED UNDER IDEA
FY 2010 – Child/Youth

The Office of Mental Health recognizes the importance of early intervention in a variety of settings, including schools, as outlined in the *President's New Freedom Commission* Goal #4 which addresses early mental health screening, assessment, and referral to services. It is recognized that poor social and emotional skills as well as illiteracy, predict early school failure. Literacy interventions specific for children with emotional and behavioral disorders (EBD) must be available in all learning settings for children at the earliest ages possible.

School-based Health Clinics (SBHCs)

OMH has always supported school-based mental health and health-related services in academic settings. OMH clinicians believe that youth with emotional and behavior problems can become high school graduates, with the proper supports and services. School based health clinics that provide mental health services are utilizing positive means of supporting appropriate school behavior. Early identification and assistance for families with children at risk for educational and behavioral problems are an essential part of helping children and youth lead satisfying and productive lives in the community. Educational services have also been available to youth in OMH psychiatric hospitals through a Memorandum of Understanding with the Special School District #1 of the Department of Education to provide educational services to children and youth who are hospitalized in an OMH facility.

In 1990, as policy makers became concerned about the high morbidity and mortality rates of adolescents, the Louisiana Legislature asked the Office of Public Health (OPH) to determine the feasibility of opening school-based health centers. As a result, the Adolescent School Health Initiative was enacted in 1991. The Adolescent School Health Initiative Act (R.S. 40:31.3) authorizes the Office of Public Health to facilitate and encourage the development of comprehensive health centers in Louisiana public schools. The role of the Office of Public Health's Adolescent School Health Program is to provide technical assistance to School Based Health Centers (SBHCs); establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources.

School Based Health Clinics are funded by the Maternal and Child Health (MCH) Block Grant and state legislative appropriations. For the fiscal year 2008-09 Louisiana received an increase in the

MCH Block Grant and an additional $325,000 from the state legislature to operate 64 SBHCs. An SBHC is required to offer comprehensive preventive and primary health services that address the physical, emotional and educational needs of its student population. Each SBHC must execute cooperative agreements with community health care providers to link students to support and specialty services not provided at the school site. A SBHC provides convenient access to comprehensive, primary and preventive physical and mental health services for public school students at the school site, since students spend a significant portion of their day on school grounds. SBHCs are accessible, convenient, encourage family and community involvement, reduce student absenteeism, reduce parental leave from work for doctor visits, and work with school personnel to meet the needs of students and their families. Parental consent must be obtained prior to seeing a student as a patient.

Staffing in the SBHC include, at a minimum a primary care provider (physician, physician assistant, or nurse practitioner), a medical director, a registered nurse, a master's level mental health provider, an administrator, and an office assistant.

Services include:

- Primary and preventive health care including: comprehensive exams, and sports physicals, immunizations, health screenings, acute care for minor illness and injury, and management of chronic diseases such as asthma;
- Mental health services;
- Health education and prevention programs;
- Case management;
- Dental services;
- Referral to specialty care; and
- Louisiana Children's Health Insurance Program (LaCHIP) application centers.

In examples of specific collaborative agreements:

- Staff members at clinics facilitate access to emergency and evaluative mental health services for referrals from SBHC social work staff;
- SBHCs have provided in-school mental health counseling for students and/ or their parents who do not meet the stricter requirements for treatment through the clinics;
- the Psychiatry Department of LSU Health Sciences Center has provided psychiatry services to SBHCs in New Orleans;
- Metropolitan Human Services District has partnered with SBHCs locally to provide a part-time psychiatrist and full time behavioral health professional to provide services;
- OMH Southeast Louisiana State Hospital has an agreement with the St. Tammany School System that allows adolescents in the Developmental Neuropsychiatric Program (DNP) to attend public school with an accompanying behavior shaping specialist.
- The “Evolutions Program” at Greenwell Springs Campus in the Eastern Louisiana Mental Health System has close ties to the East Baton Rouge and surrounding parish school systems for referrals and support.
- Central Louisiana State Hospital also has a program that has been involved with local school systems.

During the most recent time frame for which we have data, the 2007-2008 school year, 56,192 students were registered at SBHCs and 28,494 students received services at SBHCs.

Professional development is encouraged for SBMH clinical staff from both OMH and OPH. Staff members have attended workshops on topics such as Cognitive Behavioral Therapy, therapy for depressed adolescents and family therapy.

In sum, students in psychiatric hospitals receive education, and students in schools receive mental health services; thereby addressing the needs of all students including those who are at risk for serious behavior problems.

Positive Behavior Support (PBS)

Positive Behavior Support (PBS) is a major national initiative to assist schools in developing more proactive approaches for addressing challenging behavior and supporting appropriate behavior for all of their students. Louisiana ranks seventh nationwide in the number of schools implementing PBS. There are at least 907 schools in Louisiana, representing approximately 64% of all public schools in the state, that have functional Positive Behavior Support (PBS) teams that are coordinating the implementation of a positive behavioral approach, PBS, at their respective schools.

Schools implementing PBS have shown a decrease in suspensions and expulsions. Some school districts utilize Site-based Behavior Intervention Specialists. School and educational related initiatives including home character education, bullying prevention, and drug free programs provide evidence of the integration of public mental health services with educational services for youth. When compared to control groups PBS groups show an increase in social skills by 20 percent based on pre- and post- measures. While not directed specifically to the EBD population, these programs significantly benefit children and youth with EBD. Training opportunities and materials to support PBS implementation may be found on the website: www.lapositivebehavior.com.

Individuals with Disabilities Act (IDEA)

The Louisiana school system is in full compliance with the Individuals with Disabilities Education Act (IDEA), and subsequent amendments to the IDEA under P.L. 105-117. In order to address the IDEA amendments in Louisiana, many significant changes were made in education policies and procedures.

Since the implementation of the IDEA in 1998, it is recognized that youth with emotional or behavioral disorders (EBD) are capable of and should be able to receive high school diplomas. Children and youth with EBD do not necessarily have cognitive disorders, and therefore with appropriate accommodations can learn and can earn a diploma. The development of Alternative Schools and Structured Learning Programs (SLP) in alternative school settings allow middle and high school students with EBD to receive intensive services to modify the behaviors that interfere with the individual's ability to learn. Similarly, on elementary school campuses, there is a Structured Learning Class (SLC) where children with EBD are placed with additional resources available to them.

Educational Supports by Region/ Local Governing Entity:

Metropolitan Human Services District (MHSD)

- 2,885 students received mental health services at SBHCs
- SBHCs provide individual, group and family counseling, psychiatric medication management, out-patient substance abuse prevention services
- Staff at SBHCs include social workers and a psychiatrist
- Unique program to address mental health needs of school children—Recreational Respite to teach youth social and emotional skills
- Advocacy groups that help parents with IDEA: Families Helping Families, Federation of Families, Family Support Liaisons.
- Interagency Service Coordination (ISC) coordinates all agency services in the community including the schools
- Families in Need of Services (FINS) coordinates services for youth with legal problems including anti-social behaviors
- The Child and Adolescent Response Team (CART) offers crisis intervention services to all youth in the community
- ECSS works with the schools to prevent disruptive behavior patterns at an early age
- 119 schools submitted benchmarks of quality in Spring 2009 showing their progress with PBS

Capital Area Human Services District (CAHSD)

- 35 SBHCs in the seven parish District
- CAHSD has 17 school-based mental health therapists in seven parishes to provide technical assistance in the formulation of educational plans
- School-based social workers are housed in schools and attend SBLC and any other activities related to idea and other advocacy issues.
- The parent advocate attends all meetings and a mental health advocacy attorney, as well as Families Helping Families and Federation of Families
- ISC and FINS meetings address the mental health needs of youth in school
- All treatment at the SBHCs is considered preventive mental health services
- A Family Liaison for CAHSD attends all IEP, 504, and expulsion hearings
- 166 schools submitted benchmarks of quality in Spring 2009 showing their progress with PBS

Region III

- 659 students received mental health services at SBHCs
- Services have included initial psychiatric assessment, medication intervention, follow-up medicine regulation, individual counseling, group counseling, case management, family mentoring
- Lafourche Parish SBHCs employ school psychologists, school social workers, and school professional counselors. Most of these mental health professionals travel from school to school. A few schools have Structured Learning Centers (SLCs) that are school based and staffed with a school psychologist or a social worker. St. John Parish employs a Licensed Professional Counselor and a family mentor.
- This Region has several unique programs to promote mental health for their students. Family Mentoring is a day treatment program that serves youth who have been unsuccessful in a

regular school environment because of their emotional disturbance. After treatment they are gradually transitioned into their regular school environment. Some school psychologists and social workers are responsible for consultation, behavioral programs, social skills training, and counseling in the regular school environment. These are called Discreet Planned Interventionists (DPI). There is also a Behavior Intervention Program and an Early Intervention Program for status offending youth and those with minor delinquency charges.

- ISCs include all agencies to develop a plan of service for the family with the family taking a leading role.
- FINS meetings focus on services through the court systems. The community youth serving agencies gather and report information at these meetings.
- CART helps families with their child's educational needs with referrals to Bayou Lands Families Helping Families, CART Community Collaborative Project (formerly Family Preservation), Family Empowerment, Nicholls State University Family Resource Center and FINS.
- ECSS is in operation in one parish which does not have a SBHC
- Advocacy groups assisting parents include Saving Our Youth, Court Appointed Special Advocates, Federation of Families, Families Helping Families, and the Family Support Liaison
- 28 schools in Lafourche Parish have PBS. All schools in St. John Parish implement PBS. 27 schools in St. Mary Parish have PBS,
- Lafourche and St. John Parishes have a mental health representative on the PBS District team

Region IV

- Approximately 4,769 students received mental health services at SBHCs in the most recent fiscal year
- Kinds of services included screening, evaluation, individual and group therapy, and family counseling
- Region IV OMH provides one counselor for school based mental health services
- Advocacy groups who assist parents with advocacy are Families Helping Families and Federation of Families
- Unique programs that address the mental health needs of students include CART, Schoolbased Therapy, Assessment Referral Services (STARS), Truancy Assessment Service Center (TASC), Lafayette Juvenile Respite Program
- Both ISC and FINS identify youth at risk for out of home or school placement and identify needs for educational services
- 33 public schools in this Region have a PBS program
- CART helps maintain a student's functioning behaviorally and academically and prevents school placement disruption. CART also identifies barriers to academic progress for a specific child and addresses those barriers
- The Region uses ECSS to identify at risk children and implement interventions at the pre-school level

Region V

- OMH has contracts for school based mental health services and served 375 youth for over 5,400 hours of direct service during the fiscal year 2008-09
- Services included individual and group therapy, education and consultation
- School based mental staff include licensed social workers and licensed professional counselors
- Every school in the Region has implemented PBS at some level

- Unique programs serving the mental health needs of students include 60 minutes of counseling a week for EBD students, special education can make referrals who are experiencing mental health issues or families that need extra support (this is provided by the Family and Youth Counseling Agency), a Behavior Facilitator provides support for teachers with intervention techniques and tracking behavior, a few schools have Social Skills classes
- School based mental health services are at 9 schools
- Advocacy groups that assist parents include Families Helping Families of SWLA
- TASC targets youth who are chronically tardy or truant from school
- OJJS has Functional Family Therapy Services to help families and youth
- ISC links families with agencies and services needed
- FINS provides individual counseling, crime victims counseling, respite and supervision in the schools
- Families Helping Families helps in IEP planning and advocacy for the parents
- CART reduces hospitalizations so the child can continue to attend their community school
- There is no ECSS program in the Region

Region VI

- 4,966 students received mental health services at SBHCs
- Services were primarily evaluation and counseling
- Unique programs that address mental health needs of school children include the Judicial Wrap-Around Project providing like skills training specific for youth with EBD at two middle schools in Rapides Parishes and a mental health professional serves Concordia Parish School Board providing evaluation and counseling for EBD youth
- Federation of Families and Families Helping Families provides advocacy for families in schools
- This Region is tracking numbers of expulsions and suspensions for youth who received ISC and FINS planning to compare fiscal years 2009 and 2010
- Mental health CART services prevents out of school placement and improved academic performance and peer relations in many instances with appropriate referrals for services
- The schools use ECSS to identify at risk children and implement interventions at a pre-school level
- Many schools implement the PBS program, 52 schools alone in Rapides Parish

Region VII

- The schools provide a variety of services and accommodations under IDEA for youth in need of specialized services. Through social service contracts Region VII OMH provides preventive services, pro social skills to children, families, teachers, and school staff
- 143 schools submitted benchmarks of quality the Spring of 2009 for PBS
- ECSS collaborates with the schools to target at risk children at a pre-school level

Region VIII

- For the fiscal year 2008-09, 2,088 students received mental health services at the SBHCs
- Kinds of services included mental health counseling and educational groups
- Licensed Professional Counselors provide these services
- Unique mental health programs in this Region include Safe Schools Health Students Initiative that addresses violence prevention, alcohol and drug prevention, student behavioral and emotional support, mental health services, early childhood social and emotional learning programs

- Advocacy groups that help parents include Families Helping Families and Family support Liaisons
- ISC and FINS identify educational needs to ensure the most appropriate setting/services for the youth
- CART makes referrals and provides resources to parents regarding the child's educational needs
- ECSS has had few referrals from the school system. ECSS continues to increase their awareness of this program and how it may be used by the schools

Florida Parishes Human Service Authority (FPHSA)

- At this time Florida Parishes has no SBHCs
- In St. Tammy Parish there are 82 contracted Licensed Mental Health Professionals who provide behavioral health interventions up to 20 hours per school
- Tangipahoa Parish has 27 Positive Behavior Support schools; St. Hellena, 3; Washington, 9; St. Tammany, 53; and Livingston, 28
- Unique programs that address mental health needs of students include in-home crisis, family preservation, case management, consumer care resources, therapeutic recreation respite programs, and family support funds
- Advocacy groups that assist families are Northshore Families Helping Families, CASA, Patient Advocate Services, and Challenges Day Program
- During fiscal year 2008-09, 15 ISC meetings were held to maintain the student in the least restrictive environment and reduce the use of out of school placements
- Crisis evaluation and stabilization services are provided, and a large number of these are school referrals
- ECSS provides services in two parishes only. 176 children under the age of six had a service plan developed.

Jefferson Parish Human Service Authority (JPHSA

- 504 Modifications and a variety of special education services are offered.

JUVENILE JUSTICE SERVICES
FY 2010 – Child/Youth

The Juvenile Justice Clearinghouse project was created the fall of 1997 in order to develop a less adversarial and more cooperative relationship with the court by providing a more consistent and organized response from the Department of Health and Hospitals to the juvenile courts' orders and requests. These juveniles are high-profile, high-risk court cases with multiple diagnoses (psychiatric disorders, developmental disabilities, substance abuse, and/or major medical issues) and require services from multiple state departments or agencies. This project advances access to and accountability for mental health services to youth.

The DHH Juvenile Justice Clearinghouse does not have access to funding, nor does it perform any clinical or program function. Its purpose is to assist in the implementation and coordination of services and programs already in place throughout the state and to encourage agencies to combine resources and create unique plans for placement of youth who fail to fit into the existing system of care. This effort requires a fundamental transformation in the state's approach to mental health care for these youth.

It has long been recognized that many of the state's youth are entering the judicial system with undiagnosed or unaddressed mental health concerns. There have been numerous attempts to remedy this situation, which include mental health screenings upon initial contact with the juvenile justice system as well as attempts to develop and implement electronic health or other record systems and universal databases; many of these types of systems are still under study, development, and review. This would be consistent with former President Bush's *New Freedom Commission* Goal #4, which addresses early mental health screening, assessment, and referral to services. It is also important to note the *President's New Freedom Commission* Goal #6 in that technology is used to access mental health care and information.

Since its inception, the DHH Clearinghouse has tracked and coordinated DHH actions regarding over 400 high-profile juvenile court cases. In the past year, approximately 30 youth have received interventions; of those, only 6 were placed in DHH custody. Some progress toward a better understanding of agencies' resources, current policies and procedures, systemic concerns, and potential problems has occurred between the juvenile courts and DHH agencies. Through the Interagency Service Coordination (ISC) and Families in Need of Services (FINS), the DHH agencies, Office of Family Services, Office of Youth Development, Department of Education, and juvenile courts are beginning to plan more effectively for placement and development of community resources to keep children out of institutions.

The following regional programs offer examples of available preventative and/or intervention type Juvenile Justice Services:

CAHSD:

- FINS/ISC coordinates services with agencies and families.
- Police Mentors provide mentoring and role models for youth.
- Truancy Board –school/home visitation
- Child/Youth Board is a program designed to meet the needs of consumers.
- Big Buddy offers after school services
- Hundred Black Men - mentoring program for at-risk youth
- East Baton Rouge After School Program provides assistance with homework and tutoring to youth ages 4-17.

Region III:

- Regional School Based DARE Program offers drug intervention school based education.
- Juvenile Justice Program offers ROPES challenge course for children and youth age 11-18.

Region IV:

- FINS offers interagency assistance, support, and collaboration for youth at risk of juvenile justice system involvement
- Juvenile Respite Program provides structured, therapeutic respite setting for at risk youth after school and on Saturdays. It includes tutoring and counseling services.
- Juvenile Drug Court is a 4 phase program that includes drug screens, individual, group, and family counseling.
- Juvenile Day Reporting Center provides a safe, structured alternative day program for expelled and out of school youth.
- St. Martin Juvenile Detention Center-Mental Health Services offers assessment, treatment, and aftercare services for youth incarcerated in St. Martin Juvenile Detention center.

Region V:

- Truancy Assessment and Service Center (TASC) provides services to students in 1st through 5th grade, identified or at risk for truancy. Program focuses on early intervention.
- ISC (Mental Health Program) provides a forum for local agencies to meet with families to provide resources support and linkage.
- Drug Court is an intensive counseling and substance abuse treatment program designed to address adolescent substance abuse and juvenile justice issues.
- Mental Health Court is a program designed to assist EBD child/youth who are involved in the juvenile justice system.
- FINS is a program designed to identify child and family risk factors and refer to service.

Region VI:

- JWRAP (Juvenile Wellness Recovery Action Plan) Assists families and youth in carrying out FINS plans.
- Multi-Systemic Therapy (MST) offers individualized and intensive family and community based treatment.
- Functional Family Therapy (FFT) offers a flexible prevention/intervention service delivery program for youth and families that occurs in stages.

Region VII:

- FINS - Families In Need of Services (FINS) is an intervention process aimed at preventing formal juvenile court involvement which provides interventions through development of a family service plan. This plan outlines support services and linkages to community agencies, thus reducing the number of youth in the juvenile court system and securing the youth in the home and community. Referrals can be made by the parents, school officials, district attorneys, judges, or concerned citizens.
- Juvenile Court Drug Court provides screenings and counseling to youth who are involved in the juvenile justice system.
- Mental Health Court offers individual deferred disposition and service for youth with mental health diagnosis. Although the court is not a provider of mental health services, the purpose of this specialized section is to utilize a treatment-oriented disposition whenever possible, ensuring that the specific needs of juveniles with serious biologically based brain disorders and cognitive disabilities are addressed appropriately. The goals of this specialized program are to ensure that seriously mentally ill juvenile offenders are treated humanely within the context of their illness, while ensuring community safety, and reducing the risk of recidivism.
- Teen Court is a program in Caddo parish that allows teens to take on the role of judge, jury, and attorney for youth with minor charges.
- Red River Marine Institute is a day treatment/education program combining an academic and adventure based environment to prevent and/or reduce delinquency.
- STAR-Specialized Treatment and Rehabilitation program is structured for in-school prevention, intervention, and follow up services.
- Volunteers for Youth Justice is an empowering and mentoring program for at risk/court involved youth.
- The Truancy Center is an early intervention program for children in kindergarten through 5th grade who have had excessive unexcused absences, tardies, and suspensions.

Region VIII:

- FINS targets ages 6-18 to assist at-risk youth/families in order to prevent involvement with law-enforcement and other legal entities.
- DARE (ages 6-18) educate youth in schools/community settings on dangers of alcohol/drug

use.

- Children's Coalition TEENSCREEN is a program to identify suicidality and other mental health issues in school-aged children and connect with appropriate services.

FPHSA:

- Slidell Drug Court offers counseling, monitoring, and drug testing
- FINS/Youth Services Bureau provides group treatment, anger management and in home family treatment
- Options/Youth Services Bureau offers drug treatment and testing
- TASC/FINS provides truancy monitoring and referrals for services
- CASA provides court appointed Special Advocates to assure youth are receiving needed services
- New Directions/MMO is an inpatient unit for juvenile sexual perpetrators
- Florida Parishes Juvenile Detention Center offers tours of the facility and programs to deter behavior that would lead to placement
- Possibilities for a Better Tomorrow is a part school, part community based services for adolescents
- Hosts is a reading and mentoring program

JPHSA:

- JP Juvenile Drug Court provides intensive treatment utilizing the Multi-systemic Therapy model
- JP Juvenile Services/ Functional Family Therapy (FFT) provides FFT to youth on probation
- JP Juvenile Services/Treatment Services has a variety of treatment contracts to serve youth on probation

SUBSTANCE ABUSE SERVICES
FY 2010 – Child/Youth

Please refer to Criterion 1 of the Child/Youth section on Services for Persons with Co-Occurring Disorders (substance abuse/mental health) for information on this topic.

HEALTH AND MENTAL HEALTH SERVICES
FY 2009 – Child/Youth

The Office of Mental Health (OMH) has informally collaborated with the Office of Public Health (OPH) in providing consultation, monitoring and assuring quality health and mental care in state funded school-based health centers across Louisiana. OMH has also participated in OPH's rigorous on-site quality assurance reviews of SBHCs; this involves chart audits, clinic inspections, and policy and procedure review. This partnership is reflective of the *President's New Freedom Commission* Goal #1 which addresses that Americans' understand that mental health is essential to overall health.

Local OMH clinical staff expedites access to emergency and evaluative mental health services for referrals from SBHC social work staff as part of OMH's informal collaborative efforts. SBHCs have followed up with OMH's recommended in-school mental health counseling for elementary, middle, and high school students and / or their parents that are not eligible for early mental health intervention services in OMH clinics. OMH and OPH encourage their clinical staff to attend appropriate training and educational programs by OPH or OMH. OMH, the Office of Developmental Disabilities (OCDD), Medicaid, and the Bureau of Community Supports and Services also have an MOU to

provide wraparound Medicaid waiver supports and services to youth that have both a developmental disability and a mental illness.

Early Childhood Supports and Services (ECSS)

The Early Childhood Supports and Services (ECSS) program is a multi-agency prevention and intervention program that promotes a positive environment for learning, growth, and relationship building for children. ECSS provides infant mental health screening and assessment, counseling, therapy, child abuse and domestic violence prevention, case management, behavior modification, parent support groups, and the use of emergency intervention funds. ECSS also serves to build the infrastructure of the Parishes it serves by training human services professionals, agency personnel, educational and childcare personnel as well as family members and advocates in the specialized area of Infant Mental Health assessment and intervention. ECSS serves children from birth through 5 years of age and their families who have been identified as at risk for developing social, emotional, and/or developmental problems. Risk factors include abuse, neglect, and exposure to violence, parental mental illness, parental substance abuse, poverty, and having developmental disabilities. ECSS is an excellent example of the *President's New Freedom Commission* Goal #4 which addresses early mental health screening, assessment, and referral to services.

Having added Caddo parish during the 2009-10 Fiscal Year, ECSS provides or will provide Intensive Mental Health training to 21 or more service providers who will in turn provide infant mental health intervention to children 0 through 5 in ten sites providing services in fourteen parishes. ECSS screened 2,529 children between the ages of 0 through 5 for risk factors that may lead to social/ emotional problems later in life. ECSS developed 934 multi-agency service plans for children and their families between the ages of 0 through 5 in the 14 parishes ECSS serves. ECSS referred 699 children to the infant mental health teams for assessment and possible infant mental health intervention.

ECSS purchased through emergency intervention funds services or supports for families in the amount of $253,932.80 that was otherwise not available in the community where purchased. ECSS expanded the service delivery area from six sites providing services in six parishes to nine sites providing services in fourteen parishes. ECSS has expanded to serve the Delta Region of the State, known as Louisiana's most impoverished area and Caddo parish which is located in the southwest corner of the state.

ECSS joins local public, private, and non-profit agencies and organizations into Networks that provide coordinated, cross-agency screening, evaluation, referral, and treatment. Local ECSS Networks include collaboration between the DHH Office of Mental Health, the Department of Social Services, and the Office of Family Services. Other agencies participating in the networks include Head Start, Early Head Start, local school systems, Department of Education, and the DHH Offices of Public Health, Addictive Disorders, and Citizens with Developmental Disabilities. Elements of the ECSS Program include integrated and comprehensive local systems of care for young children, early identification and intervention, state and local collaboration, healthy brain development, and school readiness.

ECSS provides infant mental health screening and assessment, counseling, therapy, child abuse and domestic violence prevention, case management, behavior modification, parent support groups, and use of emergency intervention funds to purchase supports and services that are not otherwise available. ECSS also serves to build the infrastructure of the Parishes it serves by training human

services professionals, agency personnel, educational and childcare personnel as well as family members and advocates in the specialized area of Infant Mental Health assessment and intervention.

There is a need to provide permanent funding for the CAHSD Infant Mental Health Assessment and Treatment Program to provide assessment and treatment services for children with developmental delays and mental health problems using the Children's Research Triangle model of care. In the first year of this program there were 72 referrals, 70% received a complete neuro-developmental assessment, 50% received an infant MH evaluation. The majority are OCS, and in foster care, or child protection. The top 4 diagnoses were intra-uterine, poly substance drug exposure, language disorder, global developmental delays and disruptive behavior disorder. It is anticipated that the services will double this year. This program requires funding of $544,693 which would cover the following: 1 FTE clinical psychologist/director, 3 FTE licensed clinical social workers, 1 part-time licensed clinical social worker, and 1 FTE Children's Center Coordinator, Field Travel; training, brochure/literature printing; psychological testing materials; office supplies and educational materials.

Louisiana Youth Enhanced Services (LA-Y.E.S.)

LA-Y.E.S. is a system of care established for children and youth with serious emotional and behavioral disorders funded through a cooperative agreement between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Louisiana Office of Mental Health. LA-Y.E.S. builds upon prior federal initiatives partnering with state and local public mental health programs for improving mental health services for children and youth. It is a Louisiana cooperative agreement between the Center for Children's Mental Health Services of SAMHSA and local partners where the values and principles of systems of care are implemented. The stated values of LA-Y.E.S. are as follows: "Services are child centered and family focused, community-based, and culturally and linguistically competent." The principles include: Access to comprehensive services; individualized services; least restrictive environments; family participants in all aspects of service planning; service systems integrated; all children have care management; children's problems are identified early; youth emerging to adulthood transitioned into adult care; the rights of service recipients are protected; and services are non-discriminatory.

LA-Y.E.S. has joined with community partners to work with families and youth addressing children's mental health. Critical collaboration partners include mental health, juvenile justice, child welfare, education, health, and human services (social services) areas. Service integration may start in family courts or in schools, or from a wide variety of other community portals. Services are characterized by coordination, multi-disciplinary teams, comprehensive array of services, community-based, culturally and linguistically competent, evidence-based, and outcome oriented. This "wraparound" approach itself is an evidence-based model based on national evaluations funded to evaluate all federally funded systems of care. LA-Y.E.S. is a child-focused and family-driven organization that strives to meet the mental health needs of youth, ages 3-21, and their families in Orleans, Jefferson, Plaquemines, St. Bernard, and St. Tammany parishes.

The LA-Y.E.S. system of care aims to address three main obstacles that Americans, including children and youth with mental illness face when getting the care they need:

- The stigma associated with mental illness;
- The unfair treatment limitations and financial requirements placed on receiving care; and
- The fragmented mental health service delivery system.

Due to Louisiana's monumental need for systems reform, the Office of Juvenile Justice (OJJ), formerly the Office of Youth Development (OYD) began implementation of a plan to address juvenile justice reform and adopt models of change, as well as evidence based interventions. Multi-systemic Therapy (MST) is one such evidence based therapy that is provided by members of the LA-Y.E.S. Provider Network, and specifically recommended by OJS. This evidence-based practice, now adopted by the Louisiana Office of Mental Health, was designed to work with youngsters to alter the trajectory away from incarceration toward adaptive functioning in society. MST is a choice intervention because youth with behavioral and emotional disorders and juvenile justice involvement account for a significant percentage of LA-Y.E.S.' referral base. Other evidence based interventions delivered by LA-Y.E.S. Provider Network include cognitive behavior therapy, and trauma focused cognitive behavior therapy. LA-Y.E.S. plans to become an approved MST provider in FY 09-10.

Additionally, there are several other LA-Y.E.S. initiatives that are scheduled for implementation in FY 09-10. They are:

- 501 c (3)
- Mental Health Rehabilitation Provider
- Assessment Clinic
- Expansion of the School-Based Initiative

Nearing the end of the sixth year of the grant, LA-Y.E.S. has achieved several major milestones. Although the project continues to move toward meeting all our goals and objectives, the impact of Hurricane Katrina in August 2005 continues to pose major infrastructural and systems issues that are unique to communities that are rebuilding in the affected parishes. The high level of structural reorganization, community and organizational development, loss of mental health professionals, agency personnel changes, as well as mental and behavioral health needs of the families and children are continually being assessed and changes made accordingly. LA-Y.E.S. project accomplishments include:

- The Administrative Services Organization infrastructure has experienced a steady development while operating in a post-Katrina environment:
- The project began service delivery in Orleans Parish in December 2004; approximately 490 youth have received services from January 2006 when the program returned to the New Orleans area until the end of July, 2009.
- At the end of the sixth year of the grant, the project delivered services to roughly 585 children and families in a five-parish area in and around New Orleans, LA and has substantially implemented expansion of services to the remaining two parishes (St. Tammany and St. Bernard) in its target area.
- LA-Y.E.S. has continued to operate a School-Based initiative that targets students in charter schools in the greater New Orleans area.
- The establishment of the LA-Y.E.S Consortium allows for individuals to have the opportunity to have his or her voice heard. The consortium is the governing body of the Louisiana Youth Enhanced Services Project that meets monthly. Its membership represents family members, community agencies, mental health professionals, teachers and other individuals working with children. It is designed to serve as the governing body and representative group for the LA-Y.E.S. Project. Family involvement is an integral part of the LA-Y.E.S. Consortium. This involvement refers to the identification, outreach efforts, and engagement of diverse families receiving system of care services so that their experiences and perspectives collectively drive the planning, implementation, and evaluation of the system of care.

CRITERION 4
TARGETED SERVICES TO RURAL & HOMELESS POPULATIONS – OUTREACH TO HOMELESS
FY 2010 – Child/Youth

The face of homelessness changed in the Louisiana in the aftermath of Hurricanes Katrina and Rita in 2005, and Gustav and Ike in 2008. Many individuals and families experienced homelessness for the first time as a result of these storms. In a recent article printed in Baton Rouge's daily paper, *The Advocate*, about 3,000 families who were left homeless after the hurricanes of 2005 are again looking for housing as their federal housing assistance comes to an end. According to FEMA, there are approximately 3,334 trailers or mobile homes still in use by hurricane evacuees. The Louisiana Family Recovery Corps, a Baton Rouge-based nonprofit created after the hurricanes to assist families was reported to be assisting another 14,600 families who continue to be in the federal Disaster Housing Assistance program which is to end on August 31, 2009.

There is no doubt that hurricanes continue to have a tremendous impact on housing and homelessness in the state. This is particularly significant since the areas of the state that were the most directly hit by the storms of 2005 and 2008 were the areas that have traditionally had the greatest population, and therefore the highest rates of homelessness, as well as the highest numbers of people with mental illness. State housing recovery efforts for affordable housing continue amidst a multiplicity of barriers including changes in development costs at all levels and local resistance to affordable housing development. Programs that aid persons with mental illness who are homeless relate to eliminating the disparities in mental health services, Goal #3 of the *President's New Freedom Commission Report*.

The State Department of Social Services is responsible for the state's Emergency Shelter Grant funds. As part of the Department's grantee responsibilities, the department surveys shelters and compiles an annual report on the unduplicated numbers served in shelters across the state. There are 153 shelters in the DSS database. In 2008, 119 or 78% of the shelters submitted reports. The data revealed that the yearly total of homeless persons served was 32,112. The Shelter Survey data indicated the following for the sub-populations:

- Severely mentally ill- 3,927 (12.23%)
- Chronic homeless-6,072 (18.91%)
- Dual Diagnosed-4,942 (15.39%)
- Substance Abuse-9,309 (28.99%)
- Veterans -3,692 (11.5%)
- Elderly-1,441 (4.49%)

Experience suggests that persons with mental illness are underserved in the general shelter population and, therefore, there may be significant numbers of ***unsheltered*** homeless who have a mental illness. It is also likely that there are a number of persons sheltered who are undisclosed as having a mental illness and, therefore, their mental illness is undetected and not included in the count. In addition, prevalence of substance abuse among adults with serious mental illness is between 50-70%. Taking those factors into consideration, some sources use the higher percentage of 30% in calculating homelessness for persons with mental illness. This would yield an estimate of the number of persons

with mental illness, inclusive of those with co-occurring addictive disorders, who are homeless is approximately 9,634 persons, or 30% of the total 32,112 homeless served by the shelters who reported for the 2008 survey.

According to the DSS Shelter Survey for 2008, there were 32,112 unduplicated total homeless in the state. Although New Orleans did not participate in the survey, there are reports of 12,000 in New Orleans. The 2008 DSS Shelter Survey information states that there were 4,122 homeless children between the ages of 5-17 and 2,251 homeless children under the age of 5.

Projects to Assist in Transition from Homelessness (PATH)

The Projects to Assist in Transition from Homelessness (PATH) program of CMHS is targeted specifically towards those homeless persons with severe mental illness and/or severe mental illness with a co-occurring disorder. Louisiana's PATH program provides a significant amount *outreach* activity as well as other support services. The annual reports from Louisiana PATH providers show that 4,871 homeless persons with mental illness were served in the fiscal year 2008 with Federal and matching PATH funds and other sources of funding. Annual data reported by PATH providers for the number of individuals enrolled in PATH in 2008 was 2,048 (unduplicated count). This is less than the number identified through the shelter system and one possible reason for this is that PATH is not a statewide program.

While the PATH programs concentrate on adults with mental illness, their annual reporting figures indicate that 9 persons under the age of 18 were served in 2007-2008. Because prevalence rates indicate that 25-30% of those sheltered homeless suffer from serious mental illness and because experience suggests that persons with mental illness are underserved in the general shelter population and who are therefore not being counted in shelter surveys, it is reasonable to use the 30% figure when estimating number of homeless with mental illness.

One of the greatest needs in Louisiana is the creation of housing that is affordable to persons living on an income level that is comparable to that of SSI recipients. That is, housing that is aimed at those individuals at and below 20% of Median Income. Supportive services necessary to assist an individual in remaining housed are also crucial. Of particular importance to families with children/youth with SED are funds to prevent homelessness such as emergency rental or utility assistance. Efforts to increase available and appropriate housing for persons with mental illness through training and recruitment of housing providers and developers and development and access to support services continues to be a priority.

Louisiana Road Home Recovery Plan

As part of the Louisiana Road Home Recovery Plan, the Louisiana Recovery Authority (LRA) included in its plan the rebuilding of affordable housing in the areas most impacted by hurricanes Katrina and Rita. In its plan the state seeks to restore affordable housing in such a manner that avoids concentrations of poverty such as existed in the New Orleans area prior to the hurricanes. This is to be accomplished through a system of housing development funding incentives that encourage the creation of mixed income housing developments. Also included in this plan is the use of Permanent Supportive Housing as a model for housing and supports for people with special needs, such as people with disabilities. It is a model that provides for housing that is fully integrated into the community through setting aside, within each housing development built, a percentage of housing units for persons in special population categories and includes support services that are delivered in the individual's (or family's) home. Permanent Supportive Housing is a best practice model that

allows the maximum amount of consumer choice. As such it is consistent with Goals 1 and 5 of the *New Freedom Initiative*. Families of children with emotional/behavioral disorders and youth aging out of foster care are included within the identified special needs population targeted for the supportive housing set aside units. The geographic areas targeted by this initiative include rural parishes in Regions 3, 4 and 5. The popularity of this effort recently resulted into an expansion of the Permanent Supportive Housing set aside model across the state. While this "rest of state" effort will not be supported by additional disaster related funding, it sets a precedent and expectation of inclusion in the housing development community. The services to be delivered to persons/families in the target population will be those services likely to help them maintain housing stability.

Homeless Coalition

There are multiple providers of homeless programs in each area of the state. Each Region / LGE has a Homeless Coalition, an organization that addresses systems issues and coordinates services for the homeless. The Regional Homeless Coalitions incorporate a complete continuum of care for homeless clients from outreach services to placement in permanent housing. Both private and public agencies are members of these organizations. The programs provide outreach and/or shelter and housing services to the homeless, as well as substance abuse and mental health services. Services targeted to children, youth and their families who are homeless have been generally limited in the past, however, there have been strides to identify and improve a number of service gaps for children and youth who are homeless across the state.

A local non-profit in Baton Rouge, Church United for Community Development has applied for funding from US DHHS for Administration Children & Families Outreach Program. This will identify homeless youth up to 21 years-old that have been or at risk of sexual abuse or victimization/exploitation. It will assist in locating shelter space and services. CAHSD has supported the application and will provide mental health/substance abuse services to those youth meeting eligibility criteria as an in kind match for the grant application.

The Haven (domestic violence shelter), Beautiful Beginning (homeless shelter for families), and Gulf Coast Teaching Family Services provide outreach to homeless youth through their shelters and work with the families. START Corp. also works with families with SED children. The region would like to expand their ability to assist these organizations through referral, case management, and enhanced respite but there are no funds for this at this time.

Runaway children and youth in Region III have been identified who are in need of housing, medical, mental health, and substance abuse services. The homeless coalition has developed a program (Gulf Coast Teaching Family Services) funded by HUD (Basic Center Grant Program) that provides outreach, respite care, individual and family counseling, and case management to runaway homeless children and youth. The goal is to unite the children and youth with their parents. Until that time, the needs of the families involved are provided by referral to substance abuse treatment, mental health counseling, and respite, as needed.

Another example exists in Region IV, where "Project Matrix" serves homeless families, including homeless children and youth. These and various other projects are funded through the Department of Housing and Urban Development's (HUD) Continuum of Care for the Homeless program.

In Region V, there is Education Treatment Council's Harbor House and Transitional Living Program (TLP). Harbor House is a temporary shelter (standard stay is < 45 days) for homeless youth. TLP is

an 18 month, independent living program for homeless youth funded through HUD CoC. There is 24 hour staff but it is considered a minimal supervision program. Although TLP is not solely for youth with a mental health diagnosis, it is an option for transitional age youth with a mental health diagnosis as long as they meet their program criteria. They provide minimal outreach services as part of this program.

The issue of education for homeless children and youth is directly addressed in the McKinney-Vento State Plan for the education of homeless children and youth as amended by Title X, Part C of the No Child Left Behind Act of 2001, Public Law 107-110. Specific activities for school districts to address the needs of homeless (and highly mobile) families have been established. These activities include such things as: designating a liaison for the school district to act as a contact person, outreach worker and advocate for homeless families and youth; identifying local service providers (shelters, food banks, community agencies) for homeless families; and informing parents and youth of their right to public education, even if they do not have a permanent address.

In Louisiana, expanded definitions have helped local school districts understand who may be in need of assistance. Children and Youth living in the following types of situations are eligible for assistance from local homeless educational programs:

- Children and Youth in Transitional or Emergency Shelters
- Children and Youth Living in Trailer Parks, Camping Grounds, Vehicles
- Children and Youth "Doubled-Up" in Housing
- Children and Youth Living in Motels and Weekly-Rates Apartments
- Foster Children and Youth
- Incarcerated Children and Youth
- Migratory Children and Youth
- Unaccompanied Minors: Runaways and Abandoned Youth
- Highly-Mobile Families and Youth

Within the scope of the Child and Adolescent Response Team (CART), children and families in crisis who are also homeless, are assessed and their needs are prioritized. The CART clinician assists the children/ youth and families to locate the resources necessary to establish temporary or permanent housing. Although resources are limited, homeless shelters and agencies that specifically cater to the needs of the homeless population are located throughout the State. Additionally, CART will assist the children and families with other resources necessary to stabilize the children/ youth and families' mental health and social needs.

The HUD Continuum of Care funding serves many children and youth, both those in families and those who are unaccompanied youth. This funding provides transitional and permanent housing and an array of case management, counseling, educational and other services.

Programs that aid persons with mental illness who are homeless relate to eliminating the disparities in mental health services, Goal #3 of the *President's New Freedom Commission Report*.

Clients Reporting Being Homeless as of 6/30/2009 Compared to 6/30/2008

Region/ LGE	Total number reporting homelessness as of **6/30/08**	Of total number, how many were displaced by hurricanes/ disaster **(6/30/2008)**	Total number reporting homelessness as of **6/30/09**	Of total number, how many were displaced by hurricanes/ disaster **(6/30/2009)**	Methodology used to arrive at these figures**
MHSD*	2219 (6/30/07)	1745 (6/30/07)	4423	4423	Point in time survey
CAHSD	1077	320	38,800***	unk	Annual shelter survey data
Region III	677	128	565	126	Point in time survey, HMIS Data**
Region IV	172	unk	170	unk	Contractor reporting on PATH and adult comprehensive contract
Region V	204	unk	123	unk	Point in time survey
Region VI	456	32	162	51	Point in time survey, Annual shelter survey
Region VII	1143	0	973	0	Point in time survey
Region VIII	286	n/a	276	n/a	Point in time survey
FPHSA	683	unk	379	unk	Point in time survey
JPHSA	481	432	553	434	HMIS Data

NOTES:

*** Due to the management restructuring in MHSD data was not available for the fiscal year 2008.**

****HMIS: Homeless Management Information System Data**

***** The extremely large jump in homelessness is due to the removal of FEMA housing supports**

For further discussion of related aspects of homelessness, the reader is referred to *Section III, Criterion 1, Housing Services.*

CRITERION 4
TARGETED SERVICES TO RURAL & HOMELESS POPULATIONS – RURAL ACCESS TO SERVICES
FY 2010 – Child/Youth

A *Rural Area* has been defined by OMH using the 1990 U.S. Bureau of the Census definition: A rural area is one in which there is no city in the parish (county) with a population exceeding 50,000. Louisiana is a largely rural state, with 88% (56) of its 64 parishes considered rural by this definition. There is an OMH mental health center or satellite clinic in 45 of these 56 rural parishes. There is a Mental Health Rehabilitation provider located in over half of the rural parishes. All rural programs are within the catchment area of a CMHC that serves children and youth.

The most significant addition to services for children, youth and their families living in rural areas is the initiation of the statewide Child Adolescent Response Team (CART) mobile crisis program. CART assures that a child/youth in crisis will be seen face to face within two hours if this is determined necessary – regardless of where the child lives.

Although OMH has placed many new programs in rural areas, barriers, especially transportation, continue to restrict the access of consumers to these rural mental health programs. Transportation in the rural areas of the state has long been problematic, not only for OMH consumers, but for the general public living in many of these areas. The lack of transportation resources not only limits access to mental health services, but to employment and educational opportunities. The resulting increased social isolation of many OMH clients with serious mental illness who live in these areas is a primary problem and focus of attention for OMH. Efforts to expand the number of both mental health programs and recruiting of transportation providers in rural areas are an ongoing goal.

RURAL TRANSPORTATION PROGRAMS FOR SMI / EBD 2008-2009

Region/ LGE	Type of Programs	# of Rural Programs
MHSD	Medicaid Transportation, City/Parish Transportation, Local Providers, Other	6
CAHSD	Medicaid Transportation, City/Parish Transportation; Local Providers	31
III	Medicaid Transportation, City/Parish Transportation, Local Providers, Other	9
IV	Medicaid Transportation, City/Parish Transportation, Local Providers	11
V	Medicaid Transportation; City/Parish Transportation; Local Providers, Other	15
VI	Medicaid Transportation, City/Parish Transportation,, Local Providers, Others	13
VII	Medicaid Transportation, City/Parish Transportation, Local Providers, Other	23
VIII	Medicaid Transportation, City/Parish Transportation	4
FPHSA	Medicaid Transportation, City/Parish Transportation, Local Providers, Other	28
JPHSA	*NO RURAL AREAS	0
TOTAL		**140**

RURAL MENTAL HEALTH PROGRAMS FOR SMI / EBD 2008-2009

Region/ LGE	Name/Type of Programs	# of Adult Rural Programs	# of C/Y Rural Programs
MHSD	CMHC, ACT teams, Drop-In Centers, Other	6	0
CAHSD	CMHC, Satellite Clinics, Outreach Sites, ACT teams, Mobile Outreach, Drop-In Centers, MHR Agencies, Support Groups, Other	17	41
III	CMHC, Satellite Clinics, Outreach Sites, ACT Teams, Mobile Outreach, Drop-In Centers, MHR Agencies, Support Groups	8	11
IV	CMHC, Satellite Clinics, Outreach Sites, ACT Teams, Mobile Outreach, Drop-In Centers, MHR Agencies, Support Groups, Other	21	10
V	Satellite Clinics, Outreach Sites, Mobile Outreach, MHR Agencies, Support Groups, Other	19	11
VI	CMHC, Satellite Clinics, Outreach Sites, Mobile Outreach, Drop-In Centers, MHR, Support Groups, Other	24	11
VII	CMHC, ACT teams, Mobile Outreach, Drop-In Centers, MHR Agencies, Support Groups	8	6
VIII	CMHC, Satellite Clinics, Outreach Sites, ACT Teams, Mobile Outreach, Drop-In Centers, MHR Agencies, Support Groups, Other	30	27
FPHSA	CMHC, Satellite Clinics, Outreach Sites, Mobile Outreach, Drop-In Centers, MHR Agencies, Support Groups, Other	35	15
JPHSA	Outreach Sites	0	1
TOTAL		**168**	**133**

Key: CMHC= Community Mental Health Center
ACT= Assertive Community Treatment Team
MHR= Medicaid Mental Health Rehabilitation Program

The capacity for telemedicine, tele-networking, and teleconferencing throughout the state has resulted in better access to the provision of mental health services in rural areas. All state hospitals and approximately almost all CMHC's have direct access. This system addition is actively used for conferencing, consultation and direct care.

In an attempt to alleviate access problems, OMH has available teleconferencing systems at 66 sites, including Mental Health clinics, ECSS sites, Mental Health Hospitals, LA Spirit, OMH regional offices, and OMH Central Office. Some sites have multiple cameras. Some of these cameras are dedicated to Telemedicine (doctor/client session) while the others are used for Teleconferencing (meetings, education, etc). The other sites use their single cameras for both Telemedicine and Teleconferencing. The sites have begun to buy High Definition Cameras per DHH regulations. These cameras provide better quality but also take up more bandwidth.

Telecommunication has become the primary mode for communication within OMH. In an average week there are 20 different meetings conducted through teleconferencing including regular meetings of the Regional and Area Management Teams, Medical Directors, Quality Council, and the Pharmacy and Therapeutics Committee. DHH is soon to have desktop video conferencing. Though this

technology is not in place today, it is anticipated that it will be in full production within a year. Several offices have already placed orders for PC web cameras. The new software interface will allow participation into the existing video network from individual desktop PCs. Sites now have the ability to do on demand conferencing inside their region. Regional Meeting rooms were setup for telemed and standard conferencing that can be launched from the sites anytime or day of the week. This is especially helpful in an emergency that happens outside normal work hours. The system is also used for training and other administrative purposes. Forensic patients at ELMHS are being linked with Tulane University psychiatrists in New Orleans through telemedicine. Telemedicine has resulted in more efficient communication between various sites across the state. Currently OMH Region 5 is using telemedicine with a physician who is stationed in France.

OMH Video Conferencing Sites - June, 2009

	Site	Parish	City
1	Allen Mental Health Clinic	Allen	Oberlin
2	Assumption Mental Health Clinic	Assumption	Labadieville
3	Avoyelles Mental Health Clinic	Avoyelles	Marksville
4	Bastrop Mental Health Clinic	Morehouse	Bastrop
5	Beauregard Mental Health Clinic	Beauregard	DeRidder
6	CLSH (Education Room 103)	Rapides	Pineville
7	CLSH (Education Room 128)	Rapides	Pineville
8	CLSH (Admin Bldg)	Rapides	Pineville
9	Central Louisiana Mental Health Clinic	Rapides	Pineville
10	Crowley Mental Health Clinic	Acadia	Crowley
11	Delta ECSS	Richland	Delhi
12	Dr. Joseph Tyler MHC / Auditorium 1	Lafayette	Lafayette
13	Dr. Joseph Tyler MHC / Auditorium 2	Lafayette	Lafayette
14	Dr. Joseph Tyler MHC / Auditorium 3	Lafayette	Lafayette
15	Dr. Joseph Tyler MHC / Conference Room	Lafayette	Lafayette
16	ELMHS (Center Bldg.)	East Feliciana	Jackson
17	ELMHS (Clinic	East Feliciana	Jackson
18	ELMHS (Forensic)	East Feliciana	Jackson
19	ELMHS (Greenwell Springs)	East Baton Rouge	Greenwell Springs
20	Jonesboro Mental Health Clinic	Jackson	Jonesboro
21	Jonesville Mental Health Clinic	Catahoula	Jonesville
22	Lafourche Mental Health Clinic	Lafourche	Raceland
23	Lake Charles MHC / Regional	Calcasieu	Lake Charles
24	Lake Charles MHC / Room 105	Calcasieu	Lake Charles
25	Lake Charles MHC / Small Group Room	Calcasieu	Lake Charles
26	LA Spirit	East Baton Rouge	Baton Rouge
27	LA Spirit Orleans	New Orleans	Orleans
28	LA Spirit Orleans (Desktop)	New Orleans	Orleans

29	Leesville Mental Health Clinic	Vernon	Leesville
30	Mansfield Mental Health Clinic	De Soto	Mansfield
31	Mansfield Mental Health Telemed	De Soto	Mansfield
32	Many Mental Health Clinic	Sabine	Many
33	Many Mental Health Telemed	Sabine	Many
34	Minden Mental Health Clinic	Webster	Minden
35	Minden Mental Health Telemed	Webster	Minden
36	Monroe Mental Health Clinic / Auditorium	Ouachita	Monroe
37	Monroe Mental Health Clinic / Regional	Ouachita	Monroe
38	Natchitoches Mental Health Clinic	Natchitoches	Natchitoches
39	Natchitoches Mental Health Telemed	Natchitoches	Natchitoches
40	New Iberia Mental Health Clinic	Iberia	New Iberia
41	NOAH / Shervington Conference Room	Orleans	New Orleans
42	NOAH / HR Conference Room	Orleans	New Orleans
43	OMH Headquarters	East Baton Rouge	Baton Rouge
44	Opelousas Mental Health Clinic	St. Landry	Opelousas
45	Region 3 Office	Terrebonne	Houma
46	Red River Mental Health Clinic	Red River	Coushatta
47	Red River Mental Health Telemed	Red River	Coushatta
48	Richland Mental Health Clinic	Richland	Rayville
49	River Parishes Mental Health Clinic	St.John the Baptist	LaPlace
50	Ruston Mental Health Clinic	Lincoln	Ruston
51	SELH / Admin. Bldg	St. Tammany	Mandeville
52	SELH / Education Bldg	St. Tammany	Mandeville
53	SELH / Telemed	St. Tammany	Mandeville
54	SELH / Youth Services	St. Tammany	Mandeville
55	Shreveport MHC / Room 111	Caddo	Shreveport
56	Shreveport MHC / Room 145	Caddo	Shreveport
57	Shreveport MHC / System of Care	Caddo	Shreveport
58	Shreveport MHC / Room 214	Caddo	Shreveport
59	Shreveport MHC / Room 216	Caddo	Shreveport
60	South Lafourche MHC	Lafourche	Galliano
61	St. Mary Mental Health Clinic	St. Mary	Morgan City
62	St. Tammany ECSS	St. Tammany	Mandeville
63	Tallulah Mental Health Clinic	Madison	Tallulah
64	Terrebonne Mental Health Clinic	Terrebonne	Houma
65	Ville Platte Mental Health Clinic	Evangeline	Ville Platte
66	Winnsboro Mental Health Clinic	Franklin	Winnsboro

CRITERION 5
MANAGEMENT SYSTEMS – RESOURCES. STAFFING, TRAINING OF PROVIDERS
LOUISIANA FY 2010 - ADULT & CHILD/YOUTH PLAN

The Community Mental Health Block Grant for the FY 2010 and FY 2009 is $5,435,135 an 11.7% decrease from the original FY 08-09 of $6,155,074, which was decreased 2.4% from the FY 07-08 of $6,309,615 up from the low of $5,902,412 in FY 05-06; which was reduced from the FY 04-05 level of $6,338,989. Block Grant money is used by OMH to finance innovative programs that help to address service gaps and needs in every part of the state. The Block Grant funds are divided almost equally between Adult and C/Y programs. The OMH FY 2009-2010 budget (initial appropriation) was $309,468,286. The total appropriation for the community is $82,706,920.

The following tables provide additional budgetary information, including a breakdown of federal funding for mental health services. The following pages contain further information about staffing resources, etc.

OFFICE OF MENTAL HEALTH INITIAL APPROPRIATION FOR FY 09-10			
BUDGET SUB-ITEM	**SUB-ITEM DIVISIONS**	**TOTAL(S)**	**% of TOTAL**
Community Budget	CMHCs (a)	$49,830,015	16%
	Acute Units (b)	2,905,622	1%
	Social Service Contracts	29,971,333	10%
	Community Total	**$82,706,970**	**27%**
Hospital Budget	Central Louisiana State Hospital	$29,747,551	10%
	Eastern Louisiana Mental Health System (c)	105,410,060	34%
	New Orleans Adolescent Hospital (d)	-0-	0
	Southeast Louisiana Hospital (d)	51,214,466	17%
	Hospital Total	**$186,373,077**	**60%**
State Office Budget	**Central Office Total (e)**	**$40,389,299**	**13%**
TOTAL		**$309,468,286**	**100%**

(a) Excludes budgets for Capital Area Human Services District, Florida Parishes Human Services Authority, Metropolitan Human Services District and Jefferson Parish Human Services Authority.

(b) Does not include $1,250,195 for operation of the Washington-St. Tammany acute units that are located in OMH Hospitals.

(c) East Louisiana Mental Health System is comprised of East Louisiana State Hospital, Feliciana Forensic Facility, and Greenwell Springs Hospital. Budgets are combined.

(d) Southeast Louisiana Hospital and New Orleans Adolescent Hospital consolidated as of 07/01/2009.

(e) Actual appropriation is $46,248,344 of which $5,859,045 is transferred to the Community budget.

MENTAL HEALTH FACILITIES, BEDS, FUNDING
FY 2005 – 2010 (as of first day of fiscal year)

HOSPITAL SYSTEM

	FY 2005	FY 2006	FY 2007 (7/1/06)	FY 2008 (7/1/07)	FY 2009 (7/1//08)	FY 2010 (7/1/09)
Total Adult/Child State Hosp. Beds (a)	891	841	840	842	810	804
State General Funds(b) (c)($)	38,397,922	55,329,779	55,652,880	79,834,630	89,500,010	8,020,486
Federal Funds ($)	96,114,307	96,380,793	94,259,642	101,469,932	106,781,722	113,196,757

COMMUNITY SYSTEM

Acute Units

	FY 2005	FY2006	FY 2007 (7/1/06)	FY 2008 (7/1/07)	FY 2009 (7/1/08)	FY 2010 (7/1/09)
Total Number of Acute Beds	146	209**	238	215	283	311
State General Funds ($)	0	0	0	0	0	-0-
Federal Funds ($)	13,830,179	13,582,848	7,018,005	9,429,275	5,113,592	2,905,622

NOTE: 2006 figure reflects one less acute unit that was taken over by LSUHSC (EA Conway) & 44 bed unit at GSH
2007 figures includeWOM, UMC, HPL, GSH, & WST.
2008 figures exclude GSH (transferred to ELSH).

CMHCs

	FY 2005	FY2006	FY 2007 (7/1/06)	FY 2008 (7/1/07)	FY 2009 (7/1/08)	FY 2010 (7/1/09)
Total Number of CMHCs*	43	43	40	41	43	43
State General Funds ($)**	61,230,195	38,595,548	33,200,663	34,767,708	37,993,999	35,575,211
Federal Funds ($)	4,190,191	4,842,248	7,951,436	7,539,648	8,159,082	13,180,987

*Includes Clinics only – (including LGEs)
** does not include LGEs

CONTRACT COMMUNITY PROGRAMS	FY 2005	FY 2006	FY 2007 (7/1/06)	FY 2008 (7/1/07)	FY 2009 (7/1/08)	FY 2010 (7/1/09)
State General Funds ($)	9,630,947	7,055,555	6,063,759	12,830,006	31,144,944	28,236,120
Federal Funds ($)	5,346,843	2,472,667	23,017,891	12,871,215	3,346,292	2,221,512

NOTES:
(a) Staffed beds. Does not include money for operation of acute units in OMH freestanding psychiatric hospitals
(b) Additional services for persons with mental illness were provided through the Medicaid agency:
Mental Health Rehabilitation Option
(c) State General Funds amounting to $60.745,784 were replaced by Social Services Block Grant monies for FY 2010.

State Psychiatric Facilities Statewide Staffed Beds
(7/22/2009)

	Facility		Adult Acute Beds	Adult Civil Intermediate Beds	Adult Forensic Beds	Child and Adolescent Beds	TOTAL
OMH HOSPITALS	**Central State Hospital**		0	60	56	16	**132**
	Eastern Louisiana Mental Health System	**Jackson and Greenwell Springs Campus**	66	210	88	0	**364**
		Feliciana Forensic Facility	0	0	235	0	**235**
		Total for ELMHS	66	210	323	0	**599**
	New Orleans Adolescent hospital		12	0	0	10	**22**
	Southeast Louisiana Hospital (Mandeville, LA)		37	94	0	35	**166**
LSU-New Orleans/ Staffed by OMH	**University Medical Hospital**		20	0	0	0	**20**
	Moss Hospital		10	0	0	0	**10**
	LSU-Bogalusa-Wash St. Tammany		10	0	0	0	**10**
LSU-Shreveport Operated	**EA Conway**		26	0	0	0	**26**
	Huey P Long Hospital		16	0	0	0	**16**
	LSU- Shreveport		51	0	0	0	**51**
LSU-New Orleans Operated	**Leonard Chabert Hospital**		24	0	0	0	**24**
	Med Ctr of LA-University Campus		39	0	0	0	**39**
TOTAL STAFFED BEDS			**311**	**364**	**379**	**61**	**1115**

tc7/22/09

TOTAL NUMBERS OF HOSPITAL INTERMEDIATE CARE BEDS
BY FACILITY (6/30/09)

	Licensed	Staffed	% Staffed	% Occupancy
CLSH*	196	132	67.3%	98.4%
ELSH	362	298	82.3%	99.9%
SELH	235	235	100%	100%
FFF	102	15	14.7%	89.8%
NOAH	296	124	41.9%	95.2%
TOTAL	**1191**	**804**	--	--

*Data for Central Louisiana State Hospital available through May 31, 2009
Based from PIP Patient Population Movement Report tc

OMH WORKFORCE ON LAST DAY OF FY 2004 – 2009

Organizational Unit	FY 04	FY 05	FY 06	FY 07	FY 08	FY 09	Increase / [Decrease]
Community System: Regions & LGEs							
MHSD	106	120	154	87	107	191	84
CAHSD	118	125	163**	281**	181	142	[39]
Region 3	73	83	71	70	77	76	[1]
Region 4	129	134	126	125	131	134	3
Region 5	76	79	59	57	53	58	5
Region 6	90	106	101	96	104	95	[9]
Region 7	75	95	77	67	79	78	[1]
Region 8	62	72	73	58	62	61	[1]
FPHSA	62	66	60	94	97	80	[17]
JPHSA	67	60	70	73**	86	75	[11]
Community Sub- Total	**858**	**940**	**954**	**1,008**	**977**	**990**	**13**
OMH Operated State Hospitals							
CLSH	368	351	347	316	371	363	[8]
ELMHS	1,249	1,245	1,176	1,227	1,285	1286	1
NOAH	158	163	96	172	255	233	[22]
SELH	479	518	394	442	593	526	[67]
State Hospital Sub-Total	**2,254**	**2,277**	**2,013**	**2,157**	**2,504**	**2,408**	**[96]**
State Office*	**130**	**168**	**175**	**349***	**430****	**357*****	**[73]**
Statewide Total	**3,242**	**3,385**	**3,142**	**3,514**	**3,911**	**3,755**	**[156]**

KEY: **CLSH** = Central Louisiana State Hospital
ELMHS = Eastern Louisiana Mental Health System (ELMHS) - includes Greenwell Springs Hospital, East Division, & Forensic Division
NOAH = New Orleans Adolescent Hospital
SELH = Southeast Louisiana Hospital

NOTES: Count is of TO Positions

*The large increase in State Office numbers in 2003-06 is due to the inclusion of the staff of ECSS, Prior Authorization, and LaYes, and in FY 07 & 08 also LA Spirit.

**Includes Social Services Block Grant (SSBG) positions

***Reflects the decrease in LA Spirit, SSBG, and MHR unit staff.

Numbers of Community Professional Staff Members by Discipline on June 30, 2009

Discipline	Psychiatry	Psychology		Social Work		Registered Nurse			Other		Other Physician/ PharmD
Region/LGE		Doctoral & Medical Psych	Masters	DSW	Masters	Masters	Bachelors	Associate	Masters	Bachelors	
MHSD	14(13.5 FTE)	2 1 MP	0	0	14	1	12	0	17	2	1
CAHSD	16(8.84 FTE)	2(.45 FTE) 3 MP	0	0	96(48 FTE)	3	7	3	2(1.2 FTE)	10	0
III	12	2(1.6 FTE) 1 MP	10	1	10	1	9	4	0	0	0
IV	8(4.9 FTE)	3 (3.33 FTE) 2 MP (0.3 FTE)	6	0	32	0	0	10	2	6(4.75 FTE)	4(1.1 FTE)
V	2(1.2 FTE)	0 1 MP(0.2 FTE)	3	0	7	0	5	0	1	6(5.2 FTE)	3(.26 FTE)
VI	4	3 0 MP	5	0	9	0	5	5	1	8	0
VII	10(7.85 FTE)	2(0.6 FTE) 0 MP	0	0	14	0	3	3	9	8	0
VIII	4(2.8 FTE)	1(0.25 FTE)/ 1 MP(0.25 FTE)	0	0	19	0	2	7	9	5	1(0.8 FTE)
FPHSA	9(6.6 FTE)	1(0.1 FTE) 0 MP	0	0	39	0	2	3	3	4	2(1.4 FTE)
JPHSA	7(5.6 FTE)	2.5(1.58 FTE) 0 MP	0	0	30(28.95 FTE)	2.5	3.5	0	5.5(5.4 FTE)	7.5	.5
Total By Discipline	**86 (67 FTE)**	**19(13 FTE) / 8(6 FTE) MP**	**24**	**1**	**270(221 FTE)**	**8**	**49**	**35**	**50(49 FTE)**	**57(55 FTE)**	**12(6 FTE)**

Numbers of OMH Hospital Professional Staff Members by Discipline on June 30, 2009

Discipline	Psychiatry	Psychology		Social Work		Registered Nurse			Other		Other Physician/ Doctorate
Hospital		Doctoral & Medical Psych	Masters	DSW	Masters	Masters	Bachelors	Associate	Masters	Bachelors	
CLSH	6	4 0 MP	3	0	7	0	6	61	3	8	1
ELMHS	24	8 6 (5.5FTE) MP	3	0	44	6	84	76	8	47	13
NOAH	4	2 0 MP	0	0	19	3	18	3	2	3	0
SELH	8	10 0 MP	2	1	11	4	21	31	5	9	0
Total by Discipline	**42**	**24 6(5.5FTE) MP**	**8**	**1**	**81**	**13**	**129**	**171**	**18**	**67**	**14**

NOTES: (FTE listed only if not full-time) *** MP= Medical Psychologist**

OMH Community Total Prescribing Workforce on June 30, 2009

Psychiatric Type	Total Number FTE Psychiatrists		Of Total Psychiatry FTE, Number Certified Child Psychiatrists		Total Number FTE Medical Psychologists		Total Number FTE Nurse Practitioners	
Region/ LGE	Civil Service	Contract	Civil Service	Contract	Civil Service	Contract	Civil Service	Contract
MHSD	2	4	2	2	0	0	0	0
CAHSD	11	8	2	0	0	0	1	0
3	7	3	2	0	0	0	0	0
4	4	0.9	1	.10	0	0.3	0	0
5	1.2	0	0.8	0	0.2	0	0	0
6	4	4	1	0	0	0	0	0
7	6.8	1.05	0	.65	0	0	0	0
8	2	0.8	0	0	0	0	0	0
FPHSA	5.2	1.2	1	0.8	0	0	0	0
JPHSA	9.95	1.24	2.60	.32	0	0	0	0
TOTAL	53.15	24.19	12.4	3.87	0.2	0.3	1	0

OMH Hospital Psychiatric Workforce on June 30, 2009

Psychiatric Type	Number FTE Psychiatrists Serving Adults/ Children		Number FTE Certified Child Psychiatrists		Hospital FTE Total Psychiatrists
Hospital	Civil Service	Contract	Civil Service	Contract	
CLSH	3	1	0	0.5	4
ELMHS	0	24	0	0	24
NOAH	4	6	3	3	10
SELH	8	24	2	4	32
Totals	**15**	**55**	5	7.5	**70**

KEY: CLSH = Central Louisiana State Hospital
ELMHS = Eastern Louisiana Mental Health System (ELMHS): Greenwell Springs Hospital, East Division, Forensic Division
NOAH = New Orleans Adolescent Hospital
SELH = Southeast Louisiana Hospital

OMH Community Staff Liaisons on June 30, 2009

Region/ LGE	FTE Child / Youth Family Liaisons	FTE Adult Consumer Liaisons
MHSD	1	Vacant
CAHSD	1	0.5
III	0.8	0.8
IV	0.8	Vacant
V	Vacant	0.8
VI	0.5	0.6
VII	0.5	0.5
VIII	0.5	0.5
FPHSA	Vacant	0.8
JPHSA	1	0.4

Includes civil service and contract employees

Training for the delivery of Evidence based practices (EBPs) has been a focus statewide. For instance, a series of Trainings on Dialectical Behavior Therapy was recently begun statewide, and workshops on Cognitive Behavior Therapy and Interpersonal Therapy have also been offered. In spite of the positive things happening with the workforce, the difficulty of delivering services with decreased funding and numbers of clinicians has become an urgent priority.

All Regions/ LGEs report difficulties providing necessary services due to a workforce shortage. In addition to the usual problems, the economy is putting an increasing strain on workforce delivery. Previously, it had been noted that many healthcare professionals left state government jobs or literally left Louisiana after the hurricanes, for better pay and better working conditions. A hiring freeze was instituted by Governor Bobby Jindal shortly after his inauguration in January of 2008; and with the downturn in the economy, layoffs and furloughs have become all too common in healthcare and state government in general. Workforce vacancies have affected all aspects of direct service: medical, nursing, counseling, and clerical. The shortage has had a serious effect on the number of clients seen, the length of time from first contact to psychiatric evaluation, medication management, and counseling. Louisiana had been the recipient of social service block grant (SSBG) funds post Katrina/ Rita, and the legislature did not replace these funds, so sustaining some programs at previous levels sometimes became impossible. Mobile outreach for children and youth, rural resource centers, rural case management services, transportation services, ACT services, adult triage centers, and a 23-hour observation unit all have been victims of funding cuts and lack of staff. There is a shortage of community resources to fill service gaps.

Reports from Regions/ LGEs indicate that admissions are backed up due to loss of medical and clinical staff over the last few years, coupled with an inability to find and keep qualified clinical staff, and a

reduction in available physician time. Recruitment efforts have included contacting medical recruitment agencies, advertisements in professional journals, newspapers, as well as contacting psychiatric residency and graduate school programs. To fill the gaps in prescribers, some regions have successfully contracted with non-physician prescribers, specifically, Medical Psychologists and/or Nurse Practitioners. Others have used locum tenens physicians.

Reports from the field indicate that due to budget cuts dictated by the 2009 legislative session, the workforce has been reduced. Job positions are being combined to try to compensate for the budget conditions without lessening the impact on quality centered patient care. In Region 5, the loss of 7 full time positions and several job vacancies have affected all areas of direct service. There is a serious effect on the numbers of clients seen, the length of time from first contact to psychiatric evaluation, medication management, and counseling; and there is a serious shortage of community resources to fill the service gaps.

CRITERION 5
MANAGEMENT SYSTEMS – EMERGENCY SERVICE PROVIDER TRAINING AND EMERGENCY SERVICE TRAINING TO MENTAL HEALTH PROVIDERS
LOUISIANA FY 2010 - ADULT & CHILD/YOUTH PLAN

OMH makes available a variety of mental health training to providers of emergency services, *as well as* emergency services trainings to behavioral health providers. Post Hurricanes Katrina, Rita, and most recently, Gustav, LGEs and Regions have partnered with and participated in numerous trainings with the Office of Public Health, FEMA, community agencies, and local emergency command centers. Thousands of hours of service time was given to emergency preparedness and response via medical special needs and general shelters, mobile crisis teams, and in other venues for many months following these hurricanes. After the initial response, regional 'after action' conferences were held throughout the state to review and assess the work done over the previous months. Among the lessons learned from the hurricanes, modifications to preparedness training have included better delineation of responsibilities between offices, staff/ volunteer roles, locations of services, and other technicalities. Evacuation procedures and plans have been more closely detailed in the event of a crisis. Collaboration with other state agencies, non-profit agencies, and other organizations on parish and local levels has occurred. Continuity of operations plans for all OMH facilities have been developed and discussion based tabletop meeting conducted to determine feasibility of these plans.

Effective emergency management and incident response activities encompasses a host of preparedness activities conducted on an ongoing basis, in advance of any potential incident. Preparedness involves an integrated combination of planning, procedures and protocols, training and exercises. The Division of Disaster Preparedness readies the Office of Mental Health (OMH) to respond rapidly and effectively to natural and man-made disasters, including terrorism**.** A variety of disaster related trainings are also offered to emergencies service providers, as well as emergency response trainings to behavior health providers to support efforts to strengthen the state's emergency response capabilities while reducing the psychological impact of the disaster statewide.

OMH regularly updates Call Rosters for pre-assigned personnel to staff medical special needs shelters in the event of a natural or man-made disaster, and conducts routine training and drills activating deployment procedures in these procedures. Additional required training for all OMH staff includes FEMA sponsored National Incident Management System Training (NIMS). More than 90% of OMH employees involved in emergency management have completed required NIMS training. At a minimum, all employees are required to take 2 NIMS courses. Each OMH agency has adopted plans to ensure training compliance by new hires annually. Through ongoing collaboration with OPH, OMH key emergency response personnel are engaged in activities and trainings to improve workforce readiness and response operations in Medical Special Needs Shelters and state and local Emergency Operations Centers (EOC).

The following documents activities by the Office of Mental Health and/or its affiliates. All trainings are culturally competent and age/gender-specific to the population served in alignment with Goal 1 and Goal 3 of the *President's New Freedom Commission Report.*

- Hurricane preparedness and Shelter-in-Place tabletop exercises are conducted as a training exercise with OMH hospitals and mental health clinics across the State. These drills provide a

learning venue for service providers to help them better understand the impact of disasters on persons with mental illness and to increase their skill capability to respond to emergencies in the behavioral health care community, including inpatient and outpatient environments. All trainings are culturally competent and age/gender-specific to the population served in alignment with Goal 1 and Goal 3 of the *President's New Freedom Commission Report*.

- OMH jointly with the Office of Public Health and the Governor's Office of Homeland Security and Emergency Preparedness provides ongoing training to parish level police/fire/EMS workers charged with disaster response duties, i.e., critical incident management, mental health disaster services, bio-terrorism preparedness, mental health response to mass casualties, coordination of mental health and first responders training, stress management for first responders, and Psychological First Aid training. For example, more than 300 first responders and members from various stakeholder groups attended the Psychological First Aid training offered in August 2008 and nearly 200 attended the June 2009 training.
- OMH works in partnership with key community organizations to provide training on crisis intervention techniques to first responders, and assists with outreach needs in crisis events through its federally funded crisis counseling program.
- Behavioral health trainings are provided routinely at the state Emergency Operations Center (EOC) to emergency operations personnel prior to and during a declared disaster.
- Various planning, preparedness, mitigation and recovery exercises are regularly conducted.
- In 2008, OMH regions and hospitals participated in a statewide hazmat drill involving an evacuation of the Lafayette area residents and businesses in a real time train derailment incident. In 2009, a statewide pandemic exercise was conducted in "real time" in response to and preparation for the H1N1 virus outbreak. These exercises involved all ESF branches with the ESF-8 being lead by the Office of Public Health.

Other agency sponsored services include:

- Stress management and self-care education and skill building to the first responder's network continued throughout the state, via the LA Spirit program. LA Spirit hosted a series of Disaster Mental Health training for first responders in 2008 and 2009. These ongoing trainings focus on raising awareness among first responders of psychological issues and trauma experienced during catastrophic events. Also in 2008, First Responders and Crisis Counselors were trained to use the FOCUS model in working with families of first responders.

- The Louisiana Partnership for Youth Suicide Prevention (LPYSP) is a program that is geared towards reducing child and adolescent suicide; however, adults have benefitted from the program also. In 2006, Louisiana was awarded funds under the Garrett Lee Smith Memorial Act from the Substance Abuse and Mental Health Service Administration (SAMHSA) to implement statewide youth suicide intervention and prevention strategies. Applied Suicide Intervention Specialist Training (ASIST), is one of several trainings which were initiated by this funding initiative. ASIST is a unique program that teaches a concise, face-to-face suicide intervention model that focuses on the reduction of the immediate risk of suicide. Participants in the training learn about their own attitudes concerning suicide, how to recognize and assess the risk of suicide, how to use an effective suicide intervention model, and about available community resources. ASIST is a model of suicide intervention for all gatekeepers and caregivers utilizing techniques and procedures that anyone can learn. The training is designed to increase skill levels, improve the ability to detect problems, and provide meaningful support to individuals experiencing emotional distress and serious mental health problems. The workshops are offered to educators, law enforcement, mental health professionals, clergy,

medical professionals, administrators, volunteers, and anyone else who might be interested in adding suicide intervention to their list of skills. The program has been made available to all government agencies, consumer/advocacy agencies, emergency service providers, schools and families to help reduce the incidence of suicide in Louisiana. A 20-member training group has conducted ASIST, Safe Talk, and Suicide Talk Trainings statewide. This series of evidenced-based trainings has reached approximately 2,000 people. Through the successful development of five suicide prevention coalitions in Shreveport, Lake Charles, Lafayette, Jefferson and Baton Rouge, the Partnership assisted communities to develop competence related to suicide risk identification and prevention activities; improved local collaboration; and promoted the coordination of culturally appropriate resources and services for the prevention of suicide.

Please see Criterion 1 for information about the *Louisiana Spirit Hurricane Recovery Program*, the federally funded Crisis Counseling Assistance and Training Program, that is focused on addressing post-hurricane disaster mental health needs and other long term disaster recovery initiatives.

Although in recent years, crisis response has focused on hurricanes, the state also has worked towards developing a well-defined response plan for bioterrorism, pandemic flu, and other mass disasters. Collaborative relationships exist with local chapters of the Red Cross, Office of Homeland Security, Emergency Preparedness, the Office of Public Health, and the National Guard as well as other emergency management organizations. Regions/ LGEs have conducted statewide drills, meetings, and exercises with these entities to ensure an understanding of roles and responsibilities, operations, etc.

More specific examples of emergency services response include:

OMH provides staff members in all state-administered hospital emergency rooms. These staff members perform mental health screening as part of the admission process. OMH coordinates in-service training for emergency room doctors, nurses and other professional and para-professional staff. OMH also trains teachers and school administrators in disaster response procedures.

OMH, jointly with the Office of Emergency Preparedness, provides training to parish level police/ fire/ EMS workers charged with disaster response. Such training includes:

Critical incident management, Mental health disaster services, Bio-terrorism preparedness, Mental health response to mass casualties, Coordination of mental health and first responders, Stress management for first responders.

Regions and LGEs report that they are very engaged and involved in activities involving crisis and emergency planning, and they are linked with cooperative agreements to other agencies. First responder teams have been developed in some regions, and regions have plans and procedures for staffing medical special needs shelters in the event of a crisis that requires evacuation. Communication needs for staff have resulted in extensive uses of technology. Many staff members have been issued cell phones and blackberries that can be used in emergencies. In addition, 800 Mhz radios are available for use in disasters. Employees have access to electronic bulletin boards or websites that allow communication between staff, supervisors, and administration

Evaluation of the effectiveness of crisis response is on-going, and most recently emphasized in the response to Hurricane Gustav. Some areas of the state (i.e., Regions 3, 4, and 5) have suffered through the consequences of all four hurricanes in three years, and had an opportunity to exercise the lessons learned from the first storms. Regions were successful in making improvements in their regional

response following Katrina/ Rita, and their response to Gustav/ Ike proved to be excellent, in spite of severe damage to some of their clinics.

Crisis Intervention Training (CIT) for law enforcement has been well established in several regions/ LGEs to address behavioral health crises. Crisis Intervention Training (CIT) readies officers and dispatchers to assess and respond appropriately to calls involving adults with SMI and children with EBD. The CIT curriculum is being modified to incorporate specific components for adolescents/ youth. Many 911 emergency operators and dispatchers have been trained to provide essential information and linkages to services. Unfortunately, the recent legislative session resulted in severe budget cuts to the program.

Some regions/ LGEs have conducted specific training on co-occurring developmental disabilities and behavioral health disorders to community professionals, first responders, and emergency room (ER) staff. Continued dialogue with ER staff includes information on the utilization of community resources to maintain wellness and avoid crises

The Applied Suicide Intervention Skills Training (ASIST) that is described in Criterion 1 has resulted in trainings to suicide helpline staff, primary care physicians, contract providers, CMHC staff, and other interested stakeholders.

MHSD has provided staffing for community events, in particular, staffing the Mardi Gras crisis unit tent during the city's carnival season. However, MHSD reports that in general "New Orleans is a long way from being 'back to normal'".

INTENDED USE PLAN BY SERVICE CATEGORY
FY 2010 - ADULT PLAN

ADULT INTENDED USE CATEGORIES & ALLOCATIONS

Service Category	Types of Services	Region/ LGE	Central Office	Total Allocation
Adult Employment	Employment Programs; Development & Services	$59,645	$15,000	$74,645
Advisory Council Support	RAC Support	30,935	0	30,935
Assertive Community Treatment (ACT)	ACT Outreach Services	77,948	0	77,948
Consumer Advocacy and Education	Consumer Education; Advocacy and Education; Family Organization Support, Supported Adult Education	1,500	55,200	56,700
Consumer Liaisons	Consumer Liaisons (not in contracts)	123,020	0	123,020
Consumer Monitoring and Evaluation	MIS; Consumer-Directed Service System Monitoring, Consumer Liaisons:	5,278	63,484	68,762
Consumer Support Services	Consumer Initiated Programs, Consumer-Education, Community Care Resources; Community Resource Centers, Case Management; Consumer Support; Medicaid Enrollment; Support and Empowerment	614,763	457,000	1,071,763
Crisis Response Services	Crisis Line, Crisis Stabilization, Crisis 24 hour screening & assessment, Mobile crisis response	21,380	0	21,380
Mental Health Treatment Services	Psycho-social Day Treatment; Forensic Program, Co-occurring Disorders Treatment	25,507	0	25,507
Planning Operations & System Development	Staffing for Bureau of Planning, Performance Partnerships and Stakeholder Involvement; Planning Council Office: Support Staff, Office Operations, member travel and training, MIS	0	185,446	185,446
Residential / Housing	Housing Development and Services; Foster Care; Group Homes Supervised Apartments; 24-hour residential Housing Support Services	226,150	0	226,150
Respite	Respite Services and Supports	0	0	0
Staff Development	OMH Workforce Recruitment, Development and Retention, Staffing for Bureau of Workforce Development	0	114,000	114,000
Transportation	Community / Rural Transportation	17,200	0	17,200
Other Contracted Services	Comprehensive Mental Health Services; MIS Infrastructure Development; PODS (Public Outreach Depression Screening)	161,391	491,501	652,892
Other	Forensic Services			
TOTAL		**$1,364,717**	**$1,381,631**	**$2,746,348**

INTENDED USE PLAN BY SERVICE CATEGORY
FY 2010 – CHILD/YOUTH PLAN

C/ Y/ F INTENDED USE CATEGORIES & ALLOCATIONS

Service Category	Types of Services	Region/ LGE	Central Office	Total Allocation
Advisory Council Support	RAC Support	$31,000	0	$31,000
Assertive Community Treatment		0	0	0
Consumer Advocacy and Education	Consumer Education; Advocacy and Education; Family Organization Support	1,500	0	1,500
Consumer Liaisons	Consumer Liaisons (not in contracts)	43,806	$36,275	80,081
Consumer Monitoring and Evaluation	MIS; Consumer-Directed Service System Monitoring, Consumer Liaisons:	2,358	63,302	65,660
Crisis Response Services	Crisis Line, Crisis Stabilization, Crisis 24 hour screening & assessment, Mobile crisis response	141,028	0	141,028
Family Support Services	Family Support Services; Wraparound; Family Mentoring Program; Family Support Liaison and Program; Medicaid Enrollment; Parent Mentoring; Nurse Visitation Program, Parent Liaisons, Mentoring, Community Care Resources; Rural Mobile Outreach Programs, Family Training, Therapeutic Camp	633,878	71,723	705,601
Planning Operations and Systems Development	Staffing for Bureau of Planning, Performance Partnerships and Stakeholder Involvement, Planning Council Office: Support Staff, Office Operations, member travel and training, MIS	25,008	118,946	143,954
Residential / Housing	Housing Development and Services; Foster Care; Group Homes; Supervised Apartments Housing 24-hour residential Housing Support Services	0	0	0
Respite	Respite Programs	344,569	0	344,569
School-Based Mental Health Services	School-Based Clinic; School-Based Services, School Violence Prevention	110,481	0	110,481
Staff Development	OMH Workforce Recruitment, Development and Retention, Staffing for Bureau of Workforce Development	0	205,448	205,448
Transportation	Community / Rural Transportation	165,000	0	165,000
Other Contracted Services	Comprehensive Mental Health Services, Nurse Home Visitation Program, MIS Infrastructure Development, PODS (Public Outreach Depression Screening)	533,950	160,515	479,687
TOTAL		**$2,032,578**	**$656,209**	**$2,688,787**

INTENDED USE PLAN SUMMARY BY REGION / LGE

LOUISIANA FY 2010 - ADULT & CHILD/YOUTH PLAN

Allocation Summary by Region / Local Governing Entity/ Area/ State Office

Region/ LGE	Adult	Child/ Youth	TOTAL
MHSD	$107,500	$321,106	$428,606
CAHSD	145,759	273,769	419,528
Region 3	169,521	203,618	373,139
Region 4	195,247	195,247	390,494
Region 5	134,115	246,044	380,159
Region 6	121,619	246,415	368,034
Region 7	147,082	179,084	326,166
Region 8	171,276	171,276	342,552
FPHSD	131,637	165,915	297,552
JPHSA	40,961	30,104	71,065
Reg/ LGE Total	**$1,364,717**	**$2,032,578**	**3,397,295**
Central Office	**$1,381,631**	**$656,209**	**$2,037,840**
TOTAL	**$2,746,348**	**$2,688,787**	**$ 5,435,135**

Percentage of Block Grant Dollars Allocated to Adults:	**50.5%**
Percentage of Block Grant Dollars Allocated to Children/ Youth :	**49.5%**

Intended Use Plan Notes

If circumstances occur that prohibit expenditure of any portion of the Block Grant funds as intended, OMH will utilize the remaining funds for the purchase of Block Grant related equipment and supplies (e.g. computers, printers, software, fax machines, projectors, tele-communication equipment/infrastructure/staff, etc.) and/or Phase IV medications and/or other appropriate expenditures.

Beginning in FY 2010, the Area budgets (Areas A, B, & C) are being folded into Central Office, since the Area structure does not exist anymore.

The allocation to the Jefferson Parish Human Services Authority appears inconsistent with other regions because when the Authority was created their Block Grant dollars were replaced with State General Funds. Since then, this situation has been considered when new Block Grant dollars have been awarded or when funding has been decreased. Starting with FY 2011, all Regions/ LGEs will move towards an equal distribution over a three year period ($1/10^{th}$ of the funding allocated). See Planning Council Activities in Part B, Section IV and Appendix for details.

Complete details of the Intended Use Plans submitted from each Region, LGE, and Central Office is included in Appendix A of this document.

LOUISIANA FY 2010
BLOCK GRANT PLAN

Part C
STATE PLAN
Section III

PERFORMANCE INDICATORS, GOALS, TARGETS AND ACTION PLANS

CHILD/ YOUTH PLAN

CHILD – GOALS TARGETS AND ACTION PLANS Transformation Activities **XX**

Name of Performance Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Target
Performance Indicator	3,818	4,286	4,317	4,317
Numerator	--	--	--	--
Denominator	--	--	--	--

Table Descriptors:

Goal: Children and youth with an emotional or behavioral disorder, and their families, will have access to state mental health services

Target: Access to mental health services will be provided for a greater number of children and youth with an emotional or behavioral disorder

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 2: Mental Health System Data Epidemiology; 3: Children's Services

Indicator: The number of children and youth who have an emotional or behavioral disorder who receive mental health services from the Office of Mental Health during the fiscal year. NOMS Indicator #1

Measure: Estimated unduplicated count of children and youth (on the caseload the last day of the fiscal year) who have an emotional or behavioral disorder and who receive mental health services during the fiscal year (7/1-6/30) in an OMH community or inpatient setting

Sources of Information: CMHC-ARAMIS, PIP [will be OMH-IIS in future]

Special Issues: NOTE: 1) In the past, this indicator has been reported as the percentage of prevalence of adults who have a serious mental illness who receive mental health services from the Office of Mental Health during the fiscal year. These numbers are discussed in Criterion 2 of the Plan. In order to be consistent with NOMS Indicators, the measure is now reported as a number rather than as a percentage. 2) Numbers reported in FY 2008 included Jefferson Parish Human Services Authority (JPHSA) for the first time, and it is hoped that from 2008 on, these numbers will be available.

The population of the State has continued to fluctuate post-hurricanes, and in some areas, there has been a shortage of available services due to infrastructure and workforce problems. These factors continue to make predictions and target-setting particularly difficult. Targets continue to be set conservatively, of necessity. The FY 2009 actual figure is 4,317.

Significance: Setting quantitative goals to be achieved for the numbers of children who are EBD to be served in the public mental health system is a key requirement of the mental health Block Grant law

Action Plan: The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council. Attempts to provide improved access to services are a priority for Louisiana, but with the economic and workforce crisis in the state, it is important to be realistic when setting targets.

CHILD – GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Target
Performance Indicator	5.9	3.5	4.7	4.0
Numerator	17	7	8	--
Denominator	286	198	171	--

Table Descriptors:

Goal: The Office of Mental Health will improve the quality of care that is provided.

Target: The number of children and youth who are discharged from a state hospital and then re-admitted will either decrease or be maintained (30 days).

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems**;** 3: Children's Services

Indicator: The percentage of children and youth consumers discharged from state psychiatric hospitals and re-admitted to an Office of mental health inpatient program within thirty days (30) days of discharge NOMS Indicator #2

Measure: Thirty Day Rate of Discharge and Re-admission.
Numerator = # Readmits to PIP inpatient program within 30 days
Denominator = # Patients Discharged from PIP State Hospital (not-unduplicated)
Calendar year (Jan 1 - Dec 31)

Sources of Information: ARAMIS, Patient Information Program (PIP)

Special Issues: Comparisons from year to year are difficult given changes in data collection that seem to re-occur even when data collection is standardized and consistent. As a result of the hurricanes in 2005, the number of available hospital beds decreased due to infrastructure and staffing problems, and the functioning of many previously stable mentally ill individuals deteriorated; thus affecting the 2006 - 2007 statistics. For example, it may be that families left the state after discharge due to problems with housing, etc. Although it is hoped that this indicator will show improvement, while the service system continues to stabilize, this target is again being set conservatively. An increase in outpatient programs is underway, as is the increased use of EBPs to reduce the rate of hospitalization/ re-hospitalization. While the number of readmissions has decreased, the reduction in the denominator has made a larger impact on the actual percentage number reported. This target is again being set conservatively. FY 2009 Actual: 8 / 171 X 100 = 4.7%

Significance: Recidivism is one measure of treatment effectiveness.

Action Plan: This target will improve with the increased emphasis on the provision of EBPs in the community. A planned increase in the number of outpatient supports and services, particularly in the New Orleans area during the next fiscal year should positively impact this indicator. The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council. Attempts to provide improved services are a priority for Louisiana, but with the economic and workforce crisis in the state, it is important to be realistic when setting targets.

CHILD – GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Target
Performance Indicator	12.6	11	14	12
Numerator	36	22	24	--
Denominator	286	198	171	--

Table Descriptors:

Goal: The Office of Mental Health will improve the quality of care that is provided.

Target: The number of children and youth who are discharged from a state hospital and then re-admitted will either decrease or be maintained (180 days).

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems; 3: Children's Services

Indicator: The percentage of children and youth consumers discharged from state psychiatric hospitals and re-admitted to an Office of mental health inpatient program within 180 days of discharge. NOMS Indicator #2

Measure: 180 Day Rate of Discharge and Re-admission.
Numerator = # Readmits to PIP inpatient program within 180 days.
Denominator = # Patients Discharged from PIP State Hospital (not unduplicated)
Calendar year (Jan 1 - Dec 31)

Sources of Information: ARAMIS - Patient Information Program (PIP)

Special Issues: Comparisons from year to year are difficult given changes in data collection that seem to re-occur even when data collection is standardized and consistent. As a result of the hurricanes in 2005, the number of available hospital beds decreased due to infrastructure and staffing problems, and the functioning of many previously stable mentally ill individuals deteriorated; thus affecting the 2006 - 2007 statistics. For example, it may be that families left the state after discharge due to problems with housing, etc. Although it is hoped that this indicator will show improvement, while the service system continues to stabilize, this target is again being set conservatively. While the number of readmissions has decreased, the reduction in the denominator has made a larger impact on the actual percentage number reported. An increase in outpatient programs is underway, as is the increased use of EBPs to reduce the rate of hospitalization/ re-hospitalization. FY2009 Actual: 24 / 171 X100 = 14 %

Significance: Recidivism is one measure of treatment effectiveness

Action Plan: This target will improve with the increased emphasis on the provision of EBPs in the community. A planned increase in the number of outpatient supports and services, particularly in the New Orleans area during the next fiscal year should positively impact this indicator. The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council. Attempts to provide improved services are a priority for Louisiana, but with the economic and workforce crisis in the state, it is important to be realistic when setting targets.

CHILD – GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Evidence Based – Number of Practices

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Target
Performance Indicator	6	6	3	3
Numerator				
Denominator				

Table Descriptors:

Goal: Children and youth with an emotional or behavioral disorder, and their families, will be provided with appropriate recovery/ resiliency-oriented, and evidence-based mental health services.

Target: The number of evidence based practices (EBPs) available in the State will be maintained.

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems 3:Children's Services

Indicator: The number of accepted evidence-based practices offered in the State. NOMS Indicator #3.

Measure: The number of accepted EBPs offered to OMH children and youth consumers in the State

Sources of Information: Annual Survey of Regions and Districts

Special Issues: In FY 07 Louisiana monitored 6 evidence-based practices (therapeutic foster care, assertive community treatment, illness management and recovery, family psycho-education, multisystemic therapy, and functional family therapy). However, because all six are not considered by SAMHSA to be EBPs for children, only 3 are being measured at this time (therapeutic foster care, multisystemic therapy, and functional family therapy). Each of these EBPs is offered in some geographic areas in the state, but they are not available state-wide. Since there are 3 EBPs offered, emphasis is not so much on increasing the number of EBPs offered, but on increasing the number of Regions/LGEs in which these services are provided. Information from the Survey is based on Region and LGE report, and as of yet, EBPs are not always evaluated for fidelity. Other promising practices are being developed and offered in various areas of the state. Actual: FY 09 = 3.

Significance: Evidence based practices have been shown to be effective and efficient treatment modalities that lead to positive outcomes.

Action Plan: **See Special Issues.** The EBPs that have been offered and that were reported on the Surveys have not all been held to fidelity. Because measurement of EBPs not held to fidelity may not be meaningful, education on EBPs, proper treatment focus, and accurate measurement will be emphasized. The Block Grant Indicator will be monitored through the Planning, Evaluation and Information Technology Division and the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council. Attempts to provide improved services are a priority for Louisiana, but with the economic and workforce crisis in the state, it is important to be realistic when setting targets.

CHILD – GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Therapeutic Foster Care

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Target
Performance Indicator	6	16	31	35
Numerator	--	--	--	--
Denominator	--	--	--	--

Table Descriptors:

Goal: Children and youth with an emotional or behavioral disorder, and their families, will be provided with appropriate recovery/ resiliency-oriented mental health services.

Target: The number of children and youth with an emotional or behavioral disorder who receive Therapeutic Foster Care services will increase.

Population: Children and youth with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: The number of children and youth who receive Therapeutic Foster Care services will increase. NOMS Indicator #3

Measure: The number of children and youth who receive Therapeutic Foster Care services.

Sources of Information: Survey of Regions and LGEs; Survey of Hospitals

Special Issues: Information from Survey is based on Region & LGE report, and all EBP's are not currently evaluated for fidelity. The FY 09 actual = 31.

Significance: Evidence-based practices have been shown to be effective and efficient treatment modalities that lead to positive outcomes

Action Plan: The EBPs that have been offered and that were reported on the surveys have not all been held to fidelity. It is believed that an improved emphasis on fidelity is resulting in better data, and education on the EBPs, proper treatment focus, and accurate measurement will continue to be a focus. The Block Grant Indicator will be monitored through the Planning, Evaluation, and Information Technology Division and the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council. Attempts to provide improved services are a priority for Louisiana, but with the economic and workforce crisis in the state, it is important to be realistic when setting targets.

CHILD – GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Multi-Systemic Therapy

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Target
Performance Indicator	76	73	78	80
Numerator	--	--	--	--
Denominator	--	--	--	--

Table Descriptors:

Goal: Children and youth with an emotional or behavioral disorder, and their families, will receive appropriate evidence-based treatment services

Target: The number of children and youth with an emotional or behavioral disorder, and their families, who receive Multi-Systemic Therapy will increase.

Population: Children and youth with an emotional or behavioral disorder and their families.

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems; 3: Children's Services

Indicator: The number of children and youth and their families who receive Multi-Systemic Therapy. NOMS Indicator #3

Measure: The number of children and youth and their families who receive Multi-Systemic Therapy.

Sources of Information: Survey of Regions and LGEs and Survey of Hospitals

Special Issues: At this time, JPHSA is the only LGE offering MST. MST that has been utilized in Jefferson Parish has been held to fidelity. FY 08 Actual = 78 (JPHSA only).

Significance: Evidence-based practices have been shown to be effective and efficient treatment modalities that lead to positive outcomes.

Action Plan: The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council. Attempts to provide improved services are a priority for Louisiana, but with the economic and workforce crisis in the state, it is important to be realistic when setting targets.

CHILD – GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Family Functional Therapy

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Target
Performance Indicator	30	60	336	350
Numerator	--	--	--	--
Denominator	--	--	--	--

Table Descriptors:

Goal: Children and youth with an emotional or behavioral disorder, and their families, will receive appropriate evidence-based treatment services

Target: The number of children and youth with an emotional or behavioral disorder, and their families, who receive Functional Family Therapy will increase.

Population: Children and youth with an emotional or behavioral disorder and their families.

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems; 3: Children's Services

Indicator: The number of children and youth and their families who receive Functional Family Therapy. NOMS Indicator #3

Measure: The number of children and youth and their families who receive Functional Family Therapy.

Sources of Information: Survey of Regions and LGEs and Survey of Hospitals

Special Issues: Whereas Functional Family Therapy (FFT) was offered in only 2 Local Governing Entities (LGE) during FY 2008, it was offered in 4 LGEs (JPHSA, FPHSA, Region III and Region V) during the past fiscal year, thus accounting for the significant increase. Information from surveys is based on Region and LGE report, and not all EBP's are evaluated for fidelity. FY 2009 Actual = 336

Significance: Evidence-based practices have been shown to be effective and efficient treatment modalities that lead to positive outcomes

Action Plan: The EBPs that have been offered and that were reported on the surveys have not all been held to fidelity. Because measurement of EBPs not held to fidelity may not be meaningful, education on the EBPs, proper treatment focus, and accurate measurement will be a focus. The expectation is that data collected on EBPs held to fidelity will be more useful. The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council. Attempts to provide improved services are a priority for Louisiana, but with the economic and workforce crisis in the state, it is important to be realistic when setting targets.

CHILD – GOALS TARGETS AND ACTION PLANS
Name of Performance Indicator: Client Perception of Care

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Target
Performance Indicator	94	97	98	98
Numerator	79	72	53	--
Denominator	84	74	54	--

Table Descriptors:

Goal: Children, youth, and their families served by the Office of Mental Health will be provided with appropriate recovery/ resiliency-oriented mental health services.

Target: Consumers will rate the quality and appropriateness of care they are being provided by the Office of Mental Health positively

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems; 3: Children's Services

Indicator: The percentage of Office of Mental Health consumers who rate the quality and appropriateness of services as positive. NOMS Indicator #4

Measure: Numerator: Number of OMH parents with children and youth with an emotional or behavioral disorder surveyed during the fiscal year (7/1- 6/30) through the LaFete (YSS-F) Survey process that report an overall grade of "C" or better on items numbered 1, 4, 5, 7, 10 and 11. Denominator: Total number of OMH parents of children and youth with an emotional or behavioral disorder surveyed.

Sources of Information: La Fete Survey, YSS-F (Youth Services Survey for Families)

Special Issues: This target was changed in 2006, and now reflects data that can be used in national comparisons as suggested by CMHS. Although the indicator continues to hold steady, it is not a robust finding, due to the small sample size. Difficulties remain in obtaining survey information from parents of children and youth with EBD. The decrease in numbers of persons surveyed is a reflection of a limited number of evaluators not being able to travel to all of the clinics in the state as well as a reduced number of participants to survey. The target will remain high, given the importance of this measure.
FY 2009 Actual = 53/54 X 100 = 98 %

Significance: Persons receiving mental health services should be satisfied with those services; and evaluation of quality and appropriateness of care are valid measures of satisfaction

Action Plan: The YSS-F is currently in place and being used. The Block Grant indicators will be monitored through the Committee on Programs and Services of the State Mental Health Planning Council. The State Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and to recommend service system improvements to the Council. Attempts to provide improved services are a priority for Louisiana, but with the economic and workforce crisis in the state, it is important to be realistic when setting targets.

CHILD – GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child – Return to / Stay in School

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	--	--	--	--
Denominator	--	--	--	--

Table Descriptors:

Goal: Children and youth who have been identified as having an emotional or behavioral disorder will have improved school attendance.

Target: Children and youth who have an emotional or behavioral disorder who are receiving mental Health services will have fewer days out of school.

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems; 3: Children's Services

Indicator: The percentage of children and youth who have an emotional or behavioral disorder who receive mental health services from the Office of Mental Health that report more days in school after beginning mental health services compared to before starting to receive services. NOMS Indicator. URS Table 19B.

Measure: Numerator: The number of parents reporting improvement in child's school attendance (both new and continuing clients).
Denominator: The total responses (excluding Not Availables) (new and continuing clients) combined.

Sources of Information: Telesage Outcome Measurement System (TOMS) (System Pending)

Special Issues: This is a new indicator for the state that involves reporting on changes in client status over time. OMH plans to use the Telesage Outcome Measurement System (TOMS) to accomplish this. The TOMS is scheduled for implementation in state FY 2010 as an objective of the Data Infrastructure Grant (DIG). Please refer to the Action Plan.

Significance: Measuring the number of children and youth with an emotional or behavioral disorder who are able to improve their school attendance is a significant factor contributing to improved educational opportunities leading to improved capacity to qualify for further education and/or job placement.

Action Plan: This year OMH procured and will soon implement the Telesage Outcome Measurement System (TOMS) statewide. This system utilizes standardized client self-report outcome surveys and provides provider staff the means to monitor client treatment outcomes at repeated intervals over the course of treatment. This electronic outcome measurement system will transfer data into the OMH data warehouse where it will be combined with the existing clinical data allowing for more complex analysis of client outcomes from treatment. The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council.

CHILD – GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child – Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	--	--	--	--
Denominator	--	--	--	--

Table Descriptors:

Goal: Children and youth who have been identified as having an emotional or behavioral disorder will not require the intervention of law enforcement.

Target: A decreasing number of children and youth with an emotional or behavioral disorder who are receiving mental health services will be arrested over time.

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems; 3: Children's Services

Indicator: The percentage of children and youth who have an emotional or behavioral disorder who receive mental health services from the Office of Mental Health that are arrested in year subsequent to receiving services compared to the percentage arrested in the year prior to services. NOMS Indicator #6. URS Table 19A.

Measure: Numerator: Number of people who were arrested in T1 who were not rearrested in T2 (new and continuing clients combined). Denominator: The number of people arrested in T1 (new and continuing clients combined).

Sources of Information: Telesage Outcome Measurement System (TOMS) (System Pending)

Special Issues: This is a new indicator for the state that involves reporting on changes in client status over time. OMH plans to use the Telesage Outcome Measurement System (TOMS) to accomplish this. The TOMS is scheduled for implementation in state FY 2010 as an objective of the Data Infrastructure Grant (DIG). Please refer to the Action Plan.

Significance: Measuring the number of children and youth with an emotional or behavioral disorder who have decreasing exposure to arrest/incarceration is a significant factor contributing to improved community function.

Action Plan: This year OMH procured and will soon implement the Telesage Outcome Measurement System (TOMS) statewide. This system utilizes standardized client self-report outcome surveys and provides provider staff the means to monitor client treatment outcomes at repeated intervals over the course of treatment. This electronic outcome measurement system will transfer data into the OMH data warehouse where it will be combined with the existing clinical data allowing for more complex analysis of client outcomes from treatment. The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council.

CHILD – GOALS TARGETS AND ACTION PLANS
Name of Performance Indicator: Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Target
Performance Indicator	N/A	N/A	0.5%	0.5%
Numerator	--	--	37	--
Denominator	--	--	7,665	--

Table Descriptors:

Goal: Children, youth, and their families served by the Office of Mental Health will live in safe, secure, stable housing.

Target: A decreasing number of children and youth diagnosed with an emotional or behavioral disorder and their families who are receiving mental health services from the Office of Mental Health will need to use shelters for temporary residence of be homeless.

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems

Indicator: The percentage of children and youth diagnosed with an emotional or behavioral disorder and their families who receive mental health services from the Office of Mental Health who are homeless or who have been living in shelters. NOMS Indicator # 7; URS Table 15.

Measure: Numerator: Number of Persons Homeless.
Denominator: From URS Table, all persons served with living situation, excluding (minus) persons with Living Situation Not Available.

Sources of Information: ARAMIS / PIP

Special Issues: This is a new indicator, and 2009 marks the first year of available data. The current data collected will be used to determine a baseline trend to aide in setting targets for FY 2011.

Significance: Measuring the number of children and youth diagnosed with an emotional or behavioral disorder and their families who are homeless or in shelters will assist in developing resources to provide adequate housing opportunities for individuals, a significant component of the recovery movement.

Action Plan: The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council.

CHILD – GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child – Increased Social Supports / Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Target
Performance Indicator	N/A	N/A	91%	91%
Numerator	--	--	48	
Denominator	--	--	53	

Table Descriptors:

Goal: The parents of children and youth with an emotional or behavioral disorder will have adequate social support.

Target: The parents of children and youth with an emotional or behavioral disorder who report that they agree or strongly agree that they are happy with their interpersonal relationships and feelings of being connected with their community will increase.

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems; 3: Children's Services

Indicator: The percentage of the parents of children and youth with an emotional or behavioral disorder who receive mental health services from the Office of Mental Health that report agreeing or strongly agreeing with statements on the YSS-F consumer survey related to social connectedness. NOMS Indicator.

Measure: Estimated number of children or youth who have an emotional or behavioral disorder, who are receiving services during the fiscal year (7/1 – 6/30) who report that they agree or strongly agree (score 4 or 5) with statements on the YSS-F survey addressing social connectedness (#23 to #26) divided by the total number of consumers sampled, expressed as a percentage.

Sources of Information: YSS-F Consumer Survey

Special Issues: This is a new indicator for the state. Data collection began FY09.
FY 2009 Actual = 48/53 X 100 = 91%

Significance: Measuring the number of children and youth with an emotional or behavioral disorder who experience good social connectedness will be an important indicator of the prognosis for recovery. It is a NOMS measure.

Action Plan: The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council. Attempts to provide improved services are a priority for Louisiana, but with the economic and workforce crisis in the state, it is important to be realistic when setting targets.

CHILD – GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Child - Improved Level of Functioning

(1) Fiscal Year	(2) FY 2007 Actual	(3) FY 2008 Actual	(4) FY 2009 Actual	(5) FY 2010 Target
Performance Indicator	68	55	82	85
Numerator	54	41	41	--
Denominator	79	74	50	--

Table Descriptors:

Goal: The parents of children and youth with an emotional or behavioral disorder will report that these children/ youth have an improved ability to take care of themselves and independently manage their affairs.

Target: The parents of children and youth with an emotional or behavioral disorder who report that they agree or strongly agree that their children/ youth are better able to manage themselves and situations to meet their needs.

Population: Parents of children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems;3: Children's Services

Indicator: The percentage of the parents of children and youth with an emotional or behavioral disorder who receive mental health services from the Office of Mental Health that report agreeing or strongly agreeing with statements on the YSS-F consumer survey related to improved functioning. NOMS Indicator.

Measure: Estimated number of parents with children and youth with an emotional or behavioral disorder who are receiving services during the fiscal year (7/1 – 6/30) who report a grade of B or A (score 3 or 4) that they agree or strongly agree (score 4 or 5) with statements on the YSS-F survey addressing functionality (#'s 16, 17, 18, 20, and 22) divided by the total number of consumers sampled, expressed as a percentage.

Sources of Information: YSS-F Consumer Survey

Special Issues: The decrease in numbers of persons surveyed is a reflection of a limited number of evaluators not being able to travel to all of the clinics in the state as well as a reduced number of participants to survey. FY 2009 Actual = 41/50 = 82%

Significance: Measuring the number of the parents of children and youth with an emotional or behavioral disorder who experience improved functional ability will be an important indicator of the prognosis for recovery. It is also a NOMS measure.

Action Plan: The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council. Attempts to provide improved services are a priority for Louisiana, but with the economic and workforce crisis in the state, it is important to be realistic when setting targets.

CHILD – GOALS TARGETS AND ACTION PLANS
Name of Performance Indicator: Child / Youth Budget

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Target
Performance Indicator	16	19	19	19
Numerator	35,634,051	51,214,342	51,472,395	--
Denominator	229,832,931	269,060,700	275,848,740	--

Table Descriptors:

Goal: Children and youth with an emotional or behavioral disorder and their families served by OMH will be provided with mental health services consistent with the System of Care principles.

Target: Expenditures for children and youth programs will be maintained at current levels or improved when compared to the Office of Mental Health's total budget

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems

Indicator: The percentage of the Office of Mental Health total budget that is allocated to children and youth programs

Measure: Numerator: The actual dollar value of resources expended annually on C/Y
Denominator: The total dollar value of resources expended annually

Sources of Information: OMH Fiscal Report

Special Issues: FY 09 Actual = $51,472,395 / $275,848,740 X 100 = 19%

Significance: Providing support to children and youth with an emotional or behavioral disorder can contribute to healthy families and communities

Action Plan: Appropriate expenditures and accurate accounting will continue to be provided ensuring the proper usage of Block Grant funds according to the allocations specified in the Intended Use Plans. The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council. Attempts to provide improved services are a priority for Louisiana, but with the economic and workforce crisis in the state, it is important to be realistic when setting targets.

CHILD – GOALS TARGETS AND ACTION PLANS
Name of Performance Indicator: Continuity of Care / CY

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Target
Performance Indicator	8.8	9.2	8.1	9.0
Numerator	1,186	607	420	--
Denominator	135	66	52	--

Table Descriptors:

Goal: Children and youth with an emotional or behavioral disorder and their families served by OMH will be provided with appropriate recovery/ resiliency-oriented mental health services.

Target: The average number of days between a consumer's discharge from a psychiatric hospital and a follow-up visit to a community mental health clinic (CMHC) will be at the lowest level possible in order to maintain continuity of care

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems

Indicator: The average number of days between a state psychiatric hospital discharge and a community mental health clinic aftercare appointment

Measure: Days reported on OMH- Integrated Information System (OMH-IIS)
Average = Number of days until follow-up divided by number of discharges
Numerator = sum of days from discharge to CMHC admit
Denominator = Discharges with aftercare visit within 45 days
Time period (Lag fiscal year) - April 1- March 31

Sources of Information: ARAMIS, PIP

Special Issues: This target is being set very conservatively at a maintenance level due to budgetary and workforce constraints, including layoffs of personnel and a hiring freeze.
FY 09 Actual = 8.1

Significance: One of the strongest predictors of community success after discharge from a state hospital is continuity of care

Action Plan: The Block Grant indicators will be monitored by Committee on Programs and Services of the Louisiana Mental Health Planning Council. The committee is responsible for the monitoring and evaluation of the mental health system and for recommending service system improvements to the Council. Attempts to provide improved services are a priority for Louisiana, but with the economic and workforce crisis in the state, it is important to be realistic when setting targets.

CHILD – GOALS TARGETS AND ACTION PLANS

Name of Performance Indicator: Parent / Caretaker Involvement in Treatment

(1) Fiscal Year	(2) FY 2007 Actual	(3) FY 2008 Actual	(4) FY 2009 Actual	(5) FY 2010 Target
Performance Indicator	94	97	100	97
Numerator	79	68	54	--
Denominator	84	70	54	--

Table Descriptors:

Goal: Children and youth with an emotional or behavioral disorder and their families served by the Office of Mental Health will be provided with mental health services consistent with the System of Care principles.

Target: Families reporting a sense of empowerment and enhanced advocacy services for children and youth with an emotional or behavioral disorder will increase.

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems

Indicator: Percentage of parents / caretakers surveyed who report being actively involved in decisions regarding their children's treatment. Client Perception of Care: NOMS Indicator # 4

Measure: Numerator: Number of parents / caretakers surveyed giving a grade of "C" or better to Items #2, 3, and 6 on the La Fete Survey.
Denominator: Total Number of parents responding to items #2, 3, and 6

Sources of Information: La Fete, YSS-F (#2, 3, and 6)

Special Issues: Although the indicator continues to hold steady, it is not a robust finding, due to the small sample size. The decrease in numbers of persons surveyed is a reflection of a limited number of evaluators not being able to travel to all of the clinics in the state as well as a reduced number of participants to survey. The target will remain high, given the importance of this measure.
FY 09 actual: 54/54 X 100 = 100 %

Significance: Active involvement of parents in treatment generally assures that intervention is appropriate to child and family needs, more effective, and more likely to result in family stability and improved child functioning

Action Plan: The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council. Attempts to provide improved services are a priority for Louisiana, but with the economic and workforce crisis in the state, it is important to be realistic when setting targets.

CHILD – GOALS TARGETS AND ACTION PLANS
Name of Performance Indicator: Planning Council Member Satisfaction / CY

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Actual	FY 2010 Target* **See Below***
Performance Indicator	90.89	100	100	80
Numerator	--	15	17	--
Denominator	--	15	17	--

Table Descriptors:

Goal: Consumers, family members, and other stakeholders, are involved in policy decisions, planning, and monitoring of the mental health system

Target: Individuals who represent children and youth on state Planning Councils should regard and report their participation as a positive experience

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 5: Management Systems

Indicator: The percentage of Louisiana Mental Health Planning Council members giving positive feedback regarding their involvement in the Council

Measure: ***In the past, this was** the percentage of Louisiana Mental Health Planning Council members who rate their involvement in the Council with a grade of 'C' or better. Beginning with FY2010, the Planning Council voted to change this Target to **80% with a grade of 'B' or better.**

Sources of Information: Planning Council meeting evaluation surveys, Planning Council Executive Committee reports

Special Issues: Because this indicator has been met for two years, a change was made to the measure (see above). FY 2009 Actual = 100 %.

Significance: If council members report that they are involved it is likely that OMH is providing an environment conducive to stakeholder partnership

Action Plan: The Planning Council will continue to survey its members at each meeting and request suggestions for improvement. The Block Grant indicators will be monitored through the OMH Division of Planning, Evaluation, and Information Technology and through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council.